SELECT PAPERS
ON THE
DIFFERENT BRANCHES
OF
MEDICINE.

BY A
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Inſtituted for the
Improvement of Phyſical Knowledge.

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ON THE DIFFERENT BRANCHES OF

MEDICINE.

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A ſhort Account of the Origin and Progreſs of the different Branches of Medicine, from the earlieſt Ages of Antiquity to the preſent Time.

MANKIND, in the earlieſt ages of antiquity, lived wholly on the fruits of the earth. The ſimplicity of their dwellings and cloathing, equalled that of their diet; conſiſting in the ſkins of wild beaſts only. This hardened them againſt the inclemency of the weather; preſerved them from moſt diſeaſes; but could not preſerve them from wounds, fractures, and other accidents which require the aſſiſtance of Surgery. Hence Surgery and Anatomy of courſe became the earlieſt branches of the art of phyſick. Pain and neceſſity muſt neceſſarily induce mankind to try various remedies for their relief; and as dependants uſually conſult their ſuperiors, in all caſes of diſtreſs, the prieſts and princes became, in conſequence thereof, the moſt able ſurgeons and anatomiſts; for, no doubt, ſome of theſe, excited by a deſire of ſuperior knowledge and influence, poſſeſſed themſelves of the ſkeleton of the firſt man or beaſt they could meet with prepared by the weather. Thus Oſteology, with the ſituations of the ligaments, joints, nerves, tendons, and ex-

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ternal blood-veſſels, became one of the moſt neceſſary branches of princely learning. From this rude and natural beginning aroſe the copious profeſſions of Anatomy and Medicine, which afterwards went on improving among the Greeks, in a much more ſenſible manner; for their cuſtom was, to expoſe ſick perſons in the moſt public places, that paſſengers might acquaint them whether they knew any thing ſerviceable in the like diſorders; to appoint the moſt learned prieſts of the temple of Apollo and Æſculapius, to practiſe in the diſeaſes of ſome one particular part of the body; to write down their particular obſervations; and to publickly regiſter the remedies which had been found uſeful, on the walls of thoſe temples which were dedicated to their gods of medicine. The Greeks had alſo phyſical ſchools at Rhodes, Cnidos, and Epidaurus; where Pythagoras, Heraclitus, and Democritus taught medicine for ſome time: but the moſt conſiderable was at Cos; where Herodicus, the tutor of Hippocrates, was educated. From this time we date the ſecond æra of Phyſick; for Phyſick, invented by Apollo, and improved by Æſculapius, was perfected among the Greeks, by Hippocrates, who generouſly communicated to the public the precepts thereof, reduced to a plain ſyſtem; which his anceſtors had hitherto confined within their own families.

Hippocrates was, by birth, a Coan; the ſon of Heraclides and Phanaretes, deſcended from Hercules and Æſculapius. He flouriſhed in the time of the Peloponneſian war: his birth happened, according to Iſtomachus, in the firſt year of the eightieth olympiad; and, according to Soranus of Cos, on the twenty-ſeventh day of the month Agrianus. After being inſtructed in phyſick and all the liberal arts, on the death of his parents, he left his own country, and practiſed medicine in all parts of Greece with the greateſt ſucceſs and reputation; but at length, in a very advanced age, he died among the Lariſſeans, and was buried between Gyrton and Lariſſa. The works of Hippocrates are vaſtly ſuperior, in point of merit (though prior in point of Time) to thoſe of his kinſman Ariſtotle, who was born near a quarter of a century after him (Anno 384, A. C.) being the ſon of Nichomachus, phyſician to Amyntas, grandfather of Alexander the Great. He was left an orphan, and ſoon ſquandered away his eſtate, and then betook himſelf to a military life; but that not ſuiting his genius, he quitted it, and renewed his philoſophical ſtudies at Athens under Plato; where, by cloſe ſtudy, abſtinence, &c. he got to be the head of the Platonic ſchool; and gained ſuch reputation as to be appointed preceptor to Alexander the Great, ſon of Philip, king of Macedon, who was then a youth, about fourteen, and whoſe education he finiſhed in about eight years: but being ſuſpected of a conſpiracy againſt his young maſter, he was obliged to return to Athens; where he, on the death of Plato, filled the chair, and had a great concourſe of pupils. In time, the diſpleaſure of Alexander ceaſed, and he loaded him with preſents and aſſiſtances, that greatly conduced to the compleating of his works, which have been made the ſtandards of philoſophy through all ages till the beginning of the laſt century. At his death, they were left to his diſciple Theophraſtus, with a charge never to publiſh them; by whoſe executors they were buried under ground, and, after having lain hid near a couple of ages, were differently found; but, by paſſing thro' ſeveral hands, ſtill in great danger of being loſt, until Andronichus of Rhodes (a little before the birth of Chriſt) got them copied and diſpoſed in good order; from which time the doctrine of Ariſtotle flouriſhed, till, in the dawn of the thirteenth age, they were ſuppreſſed by the church, being ſuppoſed to countenance wicked opinions; but they were again reſtored to the univerſities of Europe, by pope Urban V. in 1366, and pope Nicholas V. in 1448; ſince which time they remained in a flouriſhing condition, down to the middle of the laſt century.

Medicine thus at length become a liberal and diſtinct ſcience, remained to be perfected further, by obſervation and practice. The works of Hippocrates, about the dawn of Chriſtianity, were digeſted and improved by Aretæus the Capadocian, in four books, entitled, "Concerning the Cauſes and Signs of Acute and Chronic Diſeaſes." This author appears with all the ſuperiority over Hippocrates, which time and collections could afford him; and is the firſt that applied Cantharides for bliſters. About this time Celſus wrote, juſtly eſteemed one of the moſt valuable among the antients. He is ſo often quoted with approbation by our beſt writers in phyſick; and ſo much admired by the learned world, for propriety, eaſe, and elegance, that it is needleſs to attempt to draw his character. However, he is ſo little mentioned by the antients, that our curioſity cannot be gratified with any particulars of his life; nor can we even determine his profeſſion, if it does not appear from his writings. Excepting Galen, who flouriſhed ſoon after Celſus, we hardly meet with any writers in medicine worth notice, except Trallian, down to the end of the fifteenth century: but the ſteps by which medicine has deſcended from the hands of Galen to the preſent time, may be traced by comparing his works with thoſe of Jacobus Sylvius, Riolan, Sennertus, Riverius, Etmuller, Hoffman, and Boerhaave.

But medicine and the arts were almoſt totally extinguiſhed in Europe by the overthrow of the Roman empire; ſoon after which, the Mahommedans, extending their empire over a prodigious extent of country, tranſlated into the Arabic language what they thought valuable of the ſciences: but phyſick rather loſt than gained in their hands, tho' their own practice led them to the uſe of milder and better medicines than thoſe uſed by the Greeks, for too much neglecting the knowledge of diſtempers themſelves, they ran entirely into the Galenic forms and compoſitions. The principal Arabian writers are, Serapion, in the end of the eighth century; John of Damaſcen, in the middle of the ninth; Rhazes, in the beginning of the tenth; Haly Abbas, at the cloſe of the ſame century; Avicenna, who compiled a large ſyſtem from the Greeks in the eleventh; Avenzoar, a Spaniſh Arab, in the twelfth, who has left many good obſervations, caſes, &c. Averroes a native of Spain; and Meſue, who excelled in the Galenic pharmacy.

As the arts in general, were revived in Italy, more early than in any other parts of Europe, ſo Medicine and Anatomy made an earlier and more conſiderable progreſs there, eſpecially in the ſchool of Salernum near Naples. In the middle of the fourteenth age, lived Guido de Chauliac, principal phyſician to ſeveral popes, though in holy orders; in whoſe time Surgery was ſo far loſt, that the beſt profeſſors ſcarce knew how to treat a ſimple wound. He is reputed the reſtorer of Surgery to Europe, being the firſt who conſidered it as a diſtinct ſcience from phyſick, and confirmed it, by his own repeated obſervations and experience. From the beginning of the eighth century, till near the end of the thirteenth, the Arabians were the ſole diſpenſers of the Greek learning at Toledo and Corduba, in Spain; from which Mooriſh univerſities the whole art of Phyſic was carried into France, by Villanova, and by Pietro d' Albano to Padua, about the end of the thirteenth century. During the fourteenth, the arts made a very inconſiderable progreſs in Europe, till the diſcovery of the art of printing in the middle of the fifteenth century, when ſeveral of the beſt antient Greek and Latin authors appeared in print. In our own country, in the middle of the unlearned thirteenth century, flouriſhed, in the univerſity of Oxford, Roger Bacon, a Franciſcan friar, who appears, by his manuſcripts in the Bodleian Library, to have anticipated his country in philoſophical learning, by ſeveral ages. From his time, experimental philoſophy, the true baſis of phyſick, received but trifling advantage, till the appearance of lord Bacon, chancellor of England, who was born at York-houſe, in the Strand, in 1560. The additions made to the ſciences in general, by this extenſive genius, are too numerous and well known to particularize here; his learned and excellent works making a part in every good library. At the ſame time, Galileo, a native of Florence, aſtronomer to the grand-duke de Medicis (whoſe diſciple, Torricelli, invented the barometer) and Merſennus, purſued the ſame enquiries in Italy and France. In England, philoſophy received further improvements from Boyle and Sir Iſaac Newton; till, at length, it arrived at its preſent perfection.

In the beginning of the ſixteenth century, anatomy received prodigious improvement from Veſalius, who was profeſſor of anatomy in the univerſity of Padua, after giving public lectures in Louvain and Paris, at the age of eighteen years. Cotemporary with him was Bartholomew Euſtachio, public profeſſor of anatomy at Rome, whoſe elegant anatomical plates were loſt to the public till about forty years ago. But medicine received, at this period, a ſtill greater improvement; a new light was thrown on all its branches by the important diſcovery of the circulation of the blood; which, after it had been ſome years taught in private, was publiſhed by the immortal Harvey in the year 1628. This Engliſh Hippocrates was born at Folkſtone, in Kent, in 1576; was afterwards a ſtudent in Caius Colledge, Cambridge, where he took his doctor's degree, after having ſpent ſome time in the univerſity of Padua in Italy. After ſome years practice, he was appointed phyſician to Charles I. and, during the troubles of that reign, his writings and eſtate ſuffered conſiderably; ſince, as the doctor aſſures us, the republican party broke into his apartments, during his abſence, and deſtroyed a great part of his papers. However, what he has publiſhed on the circulation of the blood and generation, are ſufficient to ſhew his penetration, and the diligence with which he traced nature in every part of the body; as alſo his ingenuity in deducing their phyſiological and practical uſes. As this great diſcovery appeared deſtructive of the whole medical theory, as then taught in the public ſchools, according to Ariſtotle and Galen, it met with violent oppoſition from ſeveral profeſſors; ſuch as Riolan, and many, who remained inſenſible to the moſt cogent reaſons and even ocular demonſtration. Others attempted to deprive him of the honour of the diſcovery, by aſſerting, that both Hippocrates, and ſome others of the antients, knew there was both a circulation and perſpiration through the body; though it is evident from their works, that they neither knew the cauſes, manner of operation, nor the immediate effects of them; which, as Dr. Pitcairn has inconteſtably proved, make the eſſential parts of every diſcovery in ſcience.

Dr. Harvey's diſcovery excited a ſpirit of emulation, and induced all the European profeſſors of anatomy to examine every part of the human body, more carefully than they had been hitherto accuſtomed to do; in conſequence of which, very conſiderable diſcoveries were made. Injections of milk, ink, &c. were firſt uſed to trace the veſſels by Euſtachius, Harvey, Highmore, Gliſſon, Willis, Bartholin, &c. which were changed for tallow and other harder ſubſtances by Swammerdam, who communicated his improvement to Ruyſch, who thereby gained both great profit and reputation. The microſcope alſo, about this time, was firſt uſed in anatomical diſcoveries by Harvey, Swammerdam, and Ruyſch. Soon after Dr. Harvey publiſhed his account of the circulation, Aſelli of Milan publiſhed his diſcovery of the lacteals in a dog; Pecquet wrote on the receptacle and duct of the chyle, in 1651; Bills and Jolliff, on the lymphatics, in 1650; Wharton, in 1656; Steno, in 1662; and Nuck, in 1690, on the glands in general: Swammerdam, in 1664; and de Graaf, in 1668; on the parts of generation: Harvey, in 1651; Needham, in 1666; Hoboken, in 1669; Kerkring, in 1670, on the fœtus: Gliſſon, on the liver, in 1654: Verſung, in 1643; and de Graaf, in 1664, on the Pancreas: Ruyſch, in 1665, on the ſpleen and lymphatics: Willis, in 1664; Vieuſſens, in 1685; and Ridley, in 1695, on the brain and nerves. About the ſame time, Ruyſch examined the blood-veſſels: Williſs, in 1673; and Peyer, in 1677, the ſtomach and inteſtines: Bellini, in 1662; and Malpighi, in 1666, the kidneys: Borelli and Lower, in 1669, the heart: Highmore, in 1651; Schneider, in 1655; and Cowper, in 1698, the organs of ſmelling: Briggs, in 1685, the eye; and Duverney, in 1683, the internal parts of the ear: though many of theſe ſuppoſed diſcoveries were already made by Euſtachius.

A FURTHER account of the progreſs of anatomy, and the other branches of medicine, may be gathered from Dr. Haller's notes on Boerhaave; the Adverſaria and Epiſtles of Morgagni; Winſlow's Syſtem of Anatomy; from Albinus's works; and Dr. Haller's Phyſiologia, in quarto, lately publiſhed. The principal writers from the time of Hippocrates to Harvey, may be ſeen in Dr. Douglaſs's Bibliographia Anatomica, printed at Leyden in 1727. The beſt anatomical prints are the foreign edition of Albinus's Tables, Dr. Haller's Faſciculi, Dr. Hunter's and Mr. Jenty's plates of the gravid uterus; Mr. Jenty's anatomical plates; and Courcelle's Icones Muſculorum Capitis.

NOR did Anatomy alone arrive at this height of perfection; but every branch of Medicine was equally improved, as appears from the many excellent writers on the theory and practice of Phyſick, Chymiſtry, &c. viz. Sydenham, Parey, Boerhaave, Shaw, Friend, Mauriceau, Daventer, Smellie, Heiſter, Cheſelden, Sharp, Le Dran, Potts, Huxham, Mead, and innumerable other excellent authors.

CASES.

A Fungous Excreſcence in the Orbit of the Eye.

First Consultation.

A YOUNG lady of eighteen, rather jolly and full grown, had, from her infancy, been ſubject to defluxions from her lips, her eyes, and her ears: when five years old, ſhe had a ſcald head, which ſhe retained till ſhe was twelve or thirteen, in ſpite of all the remedies that were given her, and an iſſue that had been made in her arm. About her fifteenth year, ſhe had a defluxion on her face; and a little abſceſs broke at the great angle of the eye, perhaps occaſioned by the tooth-ach, which healed ſoon after the tooth was drawn.

The abſceſs re-appeared after ſome time, and the operation of the fiſtula lacrymalis was performed, after which the orifice was cloſed; but ſome months being elapſed, the ſame operation was obliged to be repeated, on account of a ſmall fiſtula.

Soon after, a little fungous excreſcence grew upon the ſmall angle of the eye which had been bad, ariſing from the orbit.

Several topical remedies, ſuch as ophthalmic liniments, lotions, &c. having been applied in vain, the excreſcence was cut off with the ſciſſars. This operation was frequently repeated, but it always grew again; and, at laſt, it was ſeveral times touched with the lapis infernalis to deſtroy its root; and the diſeaſe appeared cured during ſeveral months.

BUT now the excreſcence re-appears: it is three or four lines out of the orbit; and the patient, deſirous of obtaining a perfect cure, if poſſible, has made the above relation. Note, the young lady, though ſtrong and in a good ſtate of health, has not yet had her menſes. What is your opinion of this diſeaſe; and what ſhould be done?

ANSWER.

THE patient, not yet having her menſes, I am of opinion, that, before any operation, they ſhould be brought on, if poſſible, as the young lady is of a proper age to have them. Therefore, before any operation upon the fungous excreſcence which grows out of the angle of the eye, you muſt begin by ſupplying the want of her menſes by veneſection in the foot. This being done, excite nature to forward this evacuation by remedies that are uſed in like caſes; ſuch as preparations of ſteel, and by bleeding at the foot, about ſix ounces, at each time, every month. Moreover, it is proper the young lady ſhould bathe her feet, two or three times a week, in warm water, for an hour before ſhe goes to bed.

As this excreſcence has often returned, and has been preceded, during all the youth of the patient, by defluxions which have attacked, at ſeveral times, different parts of her face; I think you ſhould endeavour to divert the humours that are inclined to diſcharge themſelves on that part, and give them a vent ſome other way. To effect this, an iſſue muſt be made in each arm.

I CAN preſcribe nothing more at preſent; the manner in which her menſes will ſhew themſelves, and the excreſcence will appear, will indicate what other remedies ſhould be reſolved on to remove the excreſcence.

SEQUEL OF THE DISEASE.

SECOND CONSULTATION.

TWO iſſues have been made, as preſcribed: they have afforded a great diſcharge during three months, and they ſtill continue to diſcharge plentifully. Since then, the patient hath uſed a bolus, made with twelve grains of Ethiop's mineral, ſix grains of aperitive ſaffron of ſteel, ſix grains of oriental ſaffron, and four grains of mace; of which ſhe takes a doſe every day of the laſt fortnight of the month; drinking after it an infuſion of balm or mug-wort tea. She has been purged every fortnight; and, agreeable to your advice, has been bled in the foot every month: her menſes have not yet appeared; and the excreſcence of the ſmall angle of the eye has not grown higher, but is thicker, and become indurated, being near three lines in diameter. Moreover, the interior part of the inferior eye-lid is puffed up and thickened. What is next to be done?

ANSWER.

AS long as the menſes do not appear, I think what has been done hitherto ſhould not be diſcontinued. It is to be hoped, that, conſidering the patient's youth and her good ſtate of body, nature will aſſiſt art. A pottinger of blood, drawn from her foot every month, cannot exhauſt her ſtrength; therefore you muſt continue the ſame. If the menſes appear favourably, or the contrary, then it will be ſeen what ſhould be done to deſtroy the excreſcence. Aſtringent liniments are all, at preſent, that are proper for her, on account of the ſwelling of the eye-lid.

SEQUEL OF THE DISEASE.

THIRD CONSULTATION.

DURING four months, and upwards, every thing has been followed that was preſcribed by the ſecond conſultation; and the menſes have appeared, at laſt, for three ſucceſſive months; which hath made us reſolve to let one of the iſſues cloſe. The puffing up of the internal part of the eye-lid is much encreaſed, for it has grown four times thicker than its natural ſtate; it is every where equally thick, and the internal part, in ſome places, is covered with tubercles of a deeper red than the reſt: the excreſcence ſcarce appears, being covered, in a manner, by the thickneſs of the eye-lid. What is to be done further?

ANSWER.

ONE cannot to the eye, as in other parts, apply and retain medicines proper to conſume excreſcences; therefore, the only way to proceed is to deſtroy the ſwelling by touching it with the lapis infernalis as often as is neceſſary. This will cauſe a ſuppuration that will leſſen it, and make the ſwelling ceaſe. The applying this remedy properly, requires great addreſs and precaution. You muſt, with two fingers placed at the bottom of the eye-lid, reverſe it as much as poſſible; and keep it ſo, whilſt, with the other hand, you touch every part of the ſwelling with the lapis infernalis. It would be right to wet the ſtone with a little ſpittle, that it may operate ſooner, for it only acts whilſt it is diſſolving. You muſt avoid touching the tunica conjunctiva. Before you quit the eye-lid, an aſſiſtant muſt ſyringe the part well with warm water, and thoroughly bathe it (repeating this ſeveral times) with ſuch attention that the tunica conjunctiva may not feel the cauſtic quality of the ſtone that touched the internal part of the eye-lid. The pain will be little or nothing, and ſcarcely perceptible. Let two or three days elapſe; during which time ſyringe the eye frequently, to waſh away the little particles of dead-fleſh as they ſeparate. With the ſame attention, retouch the ſwelling, as often as it is neceſſary, leaving an interval of two or three days, till the eye-lid is reduced to its natural ſtate, and then a cicatrix will be ſoon made. Nothing remains after, but to deſtroy the excreſcence of the angle to its root.

It has been tryed before to deſtroy the excreſcence with the lapis infernalis; and it has always grown again, becauſe the cauſtic could not penetrate to the root; therefore you muſt uſe ſome more effectual method.

The two eye-lids being kept open, and held by an aſſiſtant, you muſt have a long and thick needle fixed faſt to a handle; you muſt make it red hot by a lighted wax-candle; then plunge it, boldly but carefully, into the centre of the excreſcence, as far as four or five lines deep, keeping it there half a minute or ſo; then withdraw your needle, and after let down the eye-lid. The burning will certainly make an inviſible eſchar, and the heat will communicate itſelf beyond the wound. This is not extremely painful. The wound will weep more or leſs matter for two or three days, which will loſe itſelf imperceptibly in the eye-lids. Some days after, you muſt repeat the ſame, and perhaps it will be neceſſary to repeat it three or four times, leaving the ſame interval of time betwixt each operation. I do not doubt but, by this means, you will, at laſt, deſtroy the excreſcence to the root; for the burning will extend itſelf beyond the touch of the needle: and I doubt if nature will produce again another excreſcence, if the patient conforms to a proper regimen.

THE CURE ACCOMPLISHED.

HIPPOCRATES ſays, That, if the beſt known remedies do not cure a chirurgical diſorder, that the knife will, by an operation well performed; and if this is not practicable, though the diſorder is within the reach of ſurgery, yet fire applied, will cure it. By fire, I ſuppoſe he meant all that burns; that is to ſay, the cauſtic, or red-hot iron, for both burn in their way.

BUT one cannot always confine the burning of a cauſtic, which, in diſſolving, may extend further than one would deſire: red-hot iron acts not in the ſame way. The uſe I made of it for the patient in queſtion, was founded upon this aphoriſm of Hippocrates, and verifies it, for the excreſcence has not appeared again.

THE better to confirm the cure of the patient, I thought it was proper to let the daily evacuation of the iſſue continue, and to procure another by the uſe of aperient boluſſes. Therefore I made the patient, every morning, during ſix months, take a bolus made of ſix grains of Ethiops mineral, aquila alba, and diagridium, of each four grains, incorporated with ſyrop of compound ſuccory, which kept her body entirely open.

I MADE the patient ſtay at Paris above ſix months after the excreſcence was deſtroyed, to ſee if it would grow again, as it did before, after the application of the potential cautery: but nothing has re-appeared, though more than two years are elapſed.

THIS cure, perfected by the actual cautery, may furniſh ideas of other cures, in many caſes, where applying cauſtics, which only operate when they diſſolve, would be dangerous, or could not poſſibly take place.

A Fiſtula in the Perinæum.

A MAN about fifty for many years had a contraction of his urethra, which was eaſy to diſcover by the ſtream of the urine, which every day grew ſmaller and ſmaller. In proceſs of time, ſome ſmall fiſtulous orifices appeared in the perinæum, through which a ſmall quantity of urine paſſed. A little while after, the number of theſe orifices multiplied, in ſuch a manner, that they extended from the root of the penis to the verge of the anus. In ſhort, the urine ſcarcely paſſed at all through the natural paſſages; the ſcrotum and the perinæum are ſwelled and petrified, in a manner, by caloſity.

ON examination, we have diſcovered that the ſcrotum and the perinæum have formed together a fleſhy hard ſubſtance,

ſtance, as large as one's two fiſts, ſpread over with above thirty orifices whence the urine iſſues, more through ſome than others, and only ſome few drops come through the penis, which is more than half concealed in the callous ſubſtance. We have often tryed to introduce the ſmalleſt bougie, but it does not go farther, at moſt, than three finger's breadth. Is this diſorder curable, and how?

ANSWER.

THERE are three curative indications to be obſerved. The firſt is, by a chirurgical operation, to give a free paſſage to the urine, to prevent any more fiſtulas and calloſities. The ſecond is, to deſtroy the whole callous ſubſtance from the pubis to the anus. The third is, to make a free paſſage for the urine through the urethra; without which the diſorder cannot be cured, or will ſoon return.

To fulfil the firſt, you muſt make, from the perinæum to the neck of the bladder, a ſtraight inciſion, but longer than is made in the operation for the ſtone. The next thing is, to take away a great part of the callous ſubſtance from the perinæum and ſcrotum, and afterwards to procure a plentiful ſuppuration, which may diſcharge the ſwelling all about the inciſion. After that, you muſt contrive to enlarge the cavity of the urethra. Thus the three ways of curing it are fulfilled.

If, in the time of the operation, you find a ſinus that leads to the urethra, you muſt introduce a hollow probe, and from thence into the bladder, to make, with the help of the canula, at the neck of the bladder, an inciſion ſufficient to place a canula. When the urine flows freely through the pipe, nature will aſſiſt art to diſſolve the calloſities, and heal the fiſtulas; not only where the inciſion has been made, but alſo the others, becauſe the urine will not paſs through them any more. In ſhort, the urethra will heal itſelf like the reſt of the ſcrotum; and, perhaps, you may be able, in a few days, to introduce medicinal bougies to perfect the cure.

THE CURE COMPLEATED.

THE patient in queſtion was ſent to me, and I was deſired to take him under my care. I preſcribed for him the hollow probe, which ſerved for the operation of the ſtone. This I introduced into the urethra to conduct the biſtory; and as it was neceſſary to avoid cutting acroſs the urinary canal, which was hid in the callous ſubſtance; I made a deep inciſion all along the tumour, a large thumb's breadth from the iſchion, as is done in cutting for the ſtone; and I took away as much of the callous ſubſtance as I could without danger of wounding the urethra, which the callous ſubſtance prevented me from diſtinguiſhing. Not ſeeing which way the urine came, becauſe the blood ſtreamed as from a ſponge that is ſqueezed, to keep the ſides divided, I filled the wound with dozels, kept on with a compreſs and a bandage. Next day, to dreſs the patient, I placed him in the ſame attitude as in the operation; and, ſeeing the urine flow through ſeveral places of the wound, I placed in the ſinus, which I thought moſt likely to communicate with the urethra, a piece of cat-gut; which only entered ſeven or eight lines, on account of the paſſage being ſo oblique.

THE next dreſſing, the ſame ſort of cat-gut was introduced a little further; and in the third ſtill more; but at the fourth dreſſing it entered into the urethra, and from thence into the bladder itſelf. Immediately, with the help of this cat-gut, I puſhed a hollow probe, open at one end, into the bladder, and, through this opening, I paſſed into the neck of the bladder a ſtraight biſtory of a proper ſize, with which I divided it, as well as the proſtrate gland, and immediately introduced a leaden canula to give a free paſſage to the urine, which without it might have taken a wrong paſſage, as it did before.

In the courſe of the dreſſings, the callous ſubſtance diſſolved by degrees, and ſeveral fiſtulous orifices cloſed; the vaſt ſuppuration diſcharged by degrees, all the ſwelling; and, in twelve days, I could introduce into the penis a very ſmall bougie: after a few days I introduced a larger ſize, and at laſt I could introduce them into the wound ſo far, that they touched the hollow tube, which I had hitherto continued the uſe of.

Thus, in a few days, I enlarged the paſſage ſufficiently to introduce, through the urethra, into the wound, a leaden probe, after removing the canula. I paſſed the end of the probe through the wound of the perinæum; and, by the help of two eyes at its extremity, I paſſed into the urethra a ſeton, one end of which came out at the nut of the yard, the other at the wound in the perinæum; and after this I replaced the canula: I gently moved up and down this ſeton every day, moiſtened with diachylon with the gums, brought to a proper conſiſtence with oil of St. John's wort. By this means, the internal part of the urethra ſuppurated plentifully, and became ſofter. The ſeton being no longer moiſtened with matter, at the end of fifteen days I diſcontinued it, and uſed bougies only of a proper ſize to keep the paſſage ſufficiently open.

During this treatment, the wound incarned, and many ſmall fiſtulas cloſed themſelves. I then removed the canula, and the urine took its proper courſe. The ſtream of urine encreaſed in a little time, and all the fiſtulas cloſed up, and the wound at length cicatrized.

I advised the patient to uſe leaden probes, or bougies, for a year or two, twice in a week, to preſerve the diameter of the urinary canal, and prevent a return of the diſeaſe. This advice was not ill founded. I have ſeen two perſons, cured by the uſe of bougies only, relapſe into the ſame diſorder, at the expiration of three years, by neglecting, contrary to my advice, to make uſe of bougies, or a leaden probe, a ſufficient time after their cure.

A Diſorder from a Suppreſſion of the Hemorrhoidal Flux.

A MAN, about fifty years of age, had, for ſome years, been ſubject to the piles. About two years ſince, this evacuation has been ſuppreſſed, and ſix months afterwards he was troubled with a tingling in his ears, which terminated in a ſerous diſcharge. Since this, he has been afflicted with very obſtinate tettars in his face, and the appearance of theſe tettars, has been frequently alternative with the tingling in his ears. Should this diſorder be removed? In what manner ſhould it be treated? Is there any thing to apprehend, with reſpect to the patient, in the proceſs of the cure?

ANSWER.

ANSWER.

'TIS the ſuppreſſion of the hemorrhoidal flux which has occaſioned the tingling in the ears and theſe tettars; for it is very ſeldom that nature does not endeavour to ſupply the place of any ſuppreſſed evacuation by ſome other. As the tingling in the ears and the tettars are alternative, there is reaſon to be afraid leſt the humour which cauſes them, changing its place, ſhould fix itſelf on the brain, or ſome other of the viſcera, and cauſe the moſt terrible accidents. There is, perhaps, a method of preventing thoſe accidents, and removing the preſent diſorders, and this ſhould be tried. 'Tis to procure, if poſſible, a return of the hemorrhoidal flux, or to ſupply its place by ſome other means. Nature can do this without the aſſiſtance of art, for ſhe has already done it; but art can likewiſe excite and aſſiſt her to do a great deal, or ſupply her defect, as experience proves.

FOUR or five leeches ſhould be frequently applied round the verge of the anus: when they are removed, the patient ſhould ſit over the ſteam of hot-water. The leeches draw but little blood; but over the ſteam of hot water, the orifices they make, will give more; ſo that, in about an hour, it will amount to twelve or fifteen ounces. This being done, the bleeding will ſoon ſtop, by applying between the buttocks a compreſs dipped in oxycrate.

THE leeches muſt be repeated more or leſs frequently, as occaſion requires; and, if the hemorrhoidal flux has been periodical, you muſt regularly remark the time, as you do with reſpect to the menſes in women, and apply the leeches at that period which nature followed in the time of the evacuation. If the hemorrhoidal flux returns, the application of leeches will be uſeleſs. Bleeding in the foot might ſupply the habitual evacuation; but I have remarked, that it leſs frequently ſucceeds than the application of leeches, which I have already preſcribed.

NOTHING ſhould be applied to the tettars on the face when they appear, for fear of ſtriking in the humour, which might then fix itſelf on ſome of the internal parts.

IF the diſorder continues, in ſpite of the evacuation I have propoſed, being repeated ſeveral times, it will be proper to preſcribe the chewing of tobacco to relieve nature by a daily evacuation; or an iſſue in each leg would relieve ſtill more.

AT the ſame time, it would be proper to adviſe the patient to the uſe of a pint of whey, every morning, in which is boiled, for a few minutes, the leaves of fumitory and dock-root. The warm-bath may alſo be uſed with ſome purgative medicines, to prepare the patient for a milk diet; in order to correct, as much as poſſible, the acrimonious diſpoſition of the blood and juices.

A Fiſtula in the Cheek.

A MAN received (a-hunting, about two months ago) a thruſt from the antlers of a deer, which wounded him in the cheek, in the maſſeter muſcle. There is a great inflammation, ſloughs, and a large ſuppuration. The ſalivary duct being opened by the wound, has, during its treatment, and ſtill, produces a great quantity of ſaliva (eſpecially when the patient eats) which prevents the wound from cicatriſing, though it has been open theſe two months. The fiſtula is ſmall, and entirely ſchirrous round the edges. How ſhould one proceed to cure this fiſtula? May one hope it will cloſe in time?

ANSWER.

WHENEVER a great deal of moiſture proceeds from a wound, it injures the nutritious juice which ſhould heal the wound. Therefore it is not ſtrange that, where the ſalival canal is open, the wound ſhould become fiſtulous.

THE ſaliva is very neceſſary to maſtication as well as digeſtion, and returns with the chyle into the circulation. It returns alſo into the circulation when it is not mixed with the chyle, for we ſwallow it every moment imperceptibly. Flowing into the ſtomach, it digeſts itſelf, in a manner, and, paſſing through the inteſtines, enters a-freſh through the mouths of the lacteal veins, and always keeps them diſtended and moiſt, in ſuch a manner, that, after the digeſtion of the food, thoſe veins are always ready to receive the chyle which comes from the duodenum.

num. If a fluid did not continually flow there, they would cloſe by degrees, and the chyle could not paſs through them any longer. Therefore nature does not ſeparate the ſaliva to be loſt, as ſhe does the urine and ſome other fluids. You muſt endeavour then to cure this fiſtula, to prevent the loſs of the ſaliva, which would in time exhauſt the patient.

We cannot reſtore the portion of the ſalivary duct, which has been deſtroyed; but we can change the direction of the fiſtula, by making it open into the inſide of the mouth, inſtead of its opening on the external part of the face; and this is what is here required, to prevent the loſs of the ſaliva.

To effect this, you muſt pare and cut off that part of the cicatrix which ſurrounds the edge of the fiſtula; and, if poſſible, make a green wound of it. You muſt take care, at the ſame time, not to injure the internal coat of the mouth. Afterwards you muſt pierce this internal coat of the mouth where the wound declines the moſt, and introduce a leaden or ſilver pipe of a proper length thro' the wound, which muſt be placed ſo as to have one end in the cicatrix and the other in the mouth. The pipe, at both ends, ſhould have a little kind of cuſhion, that it may not entirely paſs into the mouth.

The pipe being properly placed, you muſt ſow up the lips of the external wound, and ſtrengthen the ſtitches with the dry ſuture; afterwards you muſt dreſs it with dry lint, and keep that on with an adheſive plaiſter.

The motion of the jaw and the cheeks cauſe a great deal of ſaliva. To prevent it from moiſtening the wound too much; and to accelerate its healing, the patient muſt move his jaw as little as poſſible till the cicatrix is entirely formed. He muſt be fed with broths and liquids only, and take them from the mouth of a bottle, leaning his head a little to the oppoſite ſide of the wound.

THE external cicatrix being perfectly formed, the pipe will be eaſily drawn out through the inſide of the mouth; and then the ſaliva running through this paſſage into the mouth, will keep the new fiſtula open, as it did the external fiſtula before the operation.

A Fracture of the Thigh from an internal Cauſe.

A WOMAN, who has not had her menſes for two years, has, during this period, been frequently attacked with rheumatic pains in different parts of her body. Since, about two months, the humour which cauſed them ſeems to have fixed itſelf on the faſcia lata, and the woman has felt an inſupportable pain in her thigh. A fortnight ago the pain encreaſed greatly, and the patient turning in her bed, the thigh-bone broke in the middle. How is this fracture to be reduced? Can a cure be expected? If not, what method is to be taken to prevent worſe conſequences?

ANSWER.

WE have often ſeen ſuch ſort of fractures, occaſioned either by a venereal or a cancerous virulence, or a rheumatic humour, whoſe cauſe is unknown or dubious;

and, in conſequence thereof, bones grow carious. In this ſtate it is not to be wondered at that they break with the leaſt motion of the patient.

I CANNOT think the juice that nouriſhes the bones, will re-unite the fracture, ſince it could not preſerve the bone in its ſtate of ſoundneſs. All that can be done is, to keep the limb as ſtraight as poſſible with bandages (not too tightly rolled about) and ſplints; and oblige the patient to remain in a ſtate of reſt.

IF one could certainly know what fault in the fluids, produced the diſorder, it might, no doubt, be corrected by proper ſpecifics. But, even if that was done, I am of opinion it would be impoſſible to cure the fracture.

Bad Conſequences from a Lying-in.

A LADY, about twenty-two years of age, had, three years ago, a difficult lingering labour, in which the head of the child remained three days in the paſſage. It is eaſily conceived, that, during this time, the neighbouring parts muſt have ſuffered conſiderably from the compreſſion, which, in fact, occaſioned a mortification. The rectum was exempt from this mortification; but the urethra was deſtroyed in ſuch a manner, that, the day after her lying-in, her urine and lochia came through the ſame paſſage. By degrees, the whole mortified parts of the vagina came away, and the wound formed an irregular cicatrix, which only left from the womb, to the external orifice, a very narrow and almoſt imperceptible paſſage.

Ever ſince this accident, her menſes flow with great difficulty, becauſe the leaſt clot of blood which is formed ſtops up the paſſage, and occaſions very acute pains, which ſhe calls the cholic of the womb.

For an whole year, the urine flow'd eaſily through this canal, the natural urinary paſſage being entirely deſtroyed by the mortification; but after ſome time, and by degrees, it came only drop by drop, accompanied with excruciating pain. At laſt the lady conſented to admit a viſit from a ſurgeon, whoſe account of her caſe is as follows:

Between the labia pudenda appears a very irregular cicatrix, deep, and in the ſhape of a funnel, full of irregularities, in ſuch a manner, that it is not without great difficulty that you can perceive at the bottom a very ſmall aperture. Introducing a probe through this aperture, we feel, three thumbs breadth deep, a ſtone, the nature and ſize of which we cannot diſtinguiſh, becauſe the probe wants room to play in this narrow paſſage. It is this ſtone certainly that renders the paſſage of the urine, as well as her menſes, ſo difficult. What is to be done to cure this diſorder, or prevent the worſt of accidents happening to the patient?

ANSWER.

TO take a proper method in ſo difficult a caſe, we muſt firſt endeavour to form a right idea of the preternatural ſtate of the parts, occaſioned by the cicatrix formed after the injury which they ſuffered from her lying-in.

It is probable that the urine, in its paſſage from the bladder, directed its courſe in an oblique direction almoſt to the neck of the womb, and then took the narrow paſſage which the cicatrix of the internal part of the vagina had left.

If there is a ſtone, it came from the bladder as gravel, or rather it might be formed in the paſſage by a calculous concretion, occaſioned by the conſtant retention of ſome drops of urine (as we ſometimes obſerve in the prepuce of children) and this gravel could not be removed on account of the ſtraightneſs of the paſſage.

It is impoſſible to make anew the urinary paſſage, it being entirely deſtroyed; nor can the vagina be replaced in its former condition: all that art can do, is to enlarge, and conſequently render more convenient, the canal which nature has reſtored for the evacuation of the menſes and urine; which may be done two ways; either by an operation or a ſimple dilatation.

The operation conſiſts in making two inciſions, one to the right, the other to the left, beginning at the inferior part of the ſmall aperture, and extending the inciſion towards the buttock, the length of the tuberoſity of the iſchion, on each ſide. Then introduce a finger into the wound, and, with a narrow blunt-pointed biſtory, cut its whole length, to the right and left, the cicatrix of the vagina, taking care not to wound the rectum; then extract the ſtone with a pair of forceps, and place a canula of a proper length and thickneſs in the vagina, to diſtend and keep the edges of the wound ſufficiently ſeparated, till a new cicatrix is formed.

It is poſſible to perform this operation, but not without great inconvenience. I am of opinion, the ſtone may be extracted by this means; but if the menſes, violent pains, or other diſorders happening, ſhould prevent the canula from remaining in the paſſage till the cicatrix is entirely formed, or even ſome time longer; it is certain this operation would be uſeleſs, on account of the narrowneſs of the paſſage; for in this caſe the cicatrix will return to its former ſtate.

The other method which ſurgery may purſue, is the dilatation of the whole paſſage to the very ſtone itſelf; which one may reaſonably expect to come at by the continued uſe of bougies made of cat-gut, the ſize and number of which may be encreaſed, without danger, in proportion as by the ſwelling they are capable of they diſtend, and keep ſeparate, the ſides of the canal through which the menſes and urine paſs.

THE FACT.

AFTER this anſwer, the lady came to Paris; and, having viſited her, I found the preceding deſcription of her caſe exactly true. I preferred dilatation to the other method. I introduced through the little aperture a very ſmall piece of cat-gut the ſize of the treble ſtring of a violin, about three inches long, blunted at the point and greaſed with pomatum. It ſwelled with the moiſture, but being attended with an inclination to make water, I was obliged to take it out on account of its entirely ſtopping up the paſſage. I introduced a ſtring of the ſame ſize every night and morning; and, at the expiration of four days, I was capable of introducing one a little thicker.

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THE repeated uſe of theſe bougies (for by degrees I encreaſed the ſize of them till I could introduce a ſtring the ſize of the largeſt made uſe of for a violoncello) ſo greatly aſſiſted the dilatation of the parts, that I at length could place three or four at a time on the ſide of each other. Thus I ſucceſſively encreaſed their number, during three months, until I at laſt could introduce fourteen of them together, which were as thick as one's finger, letting them remain both night and day in the paſſage. I placed between them a ſmall leaden canula, about the thickneſs of one of the ſtrings when ſwelled, to prevent being obliged to remove them when the patient wanted to make water. Each of theſe pieces of cat-gut was rounded at one end with a file, and tied with a thread at the other, to facilitate their removal when occaſion might require. They are eaſieſt introduced when dry, one by one; they ſwell in the paſſage, and are removed with the ſame eaſe, though ſwelled and ſoftened.

I CONTINUED this practice for three months, though, during this time, it was often interrupted by her menſes, cholicky pains, and other diſorders. Nevertheleſs, the orifice kept diſtended enough to allow a woman's probe, of about a third of an inch diameter, ſufficient room to play with eaſe.

I THEN ſearched with the ſound for the ſtone, which I had touched with my probe the firſt time I viſited this patient, but could not find it; in all appearance, being of a ſoft conſiſtence, it was broke into pieces by the frequent rubbing of the cat-gut bougies againſt its ſurface, diſſolved into ſand, and made its exit with the urine. In fact, on removing the bougies, I often perceived ſmall pieces of gravel on their ſurface.

The menſes and urine now paſſed off without giving any pain. What could the operation have effected more? Could it have made the lady fit for her huſband? No, for the hardneſs of the cicatrix would have prevented it: and, ſuppoſe this was poſſible, and the lady, in conſequence thereof, pregnant, how greatly would the life of both mother and infant have been endangered!

I ADVISED the continuance of the uſe of theſe cat-gut bougies to preſerve the diameter of the paſſage; and I have not the leaſt doubt of the patient's compliance with this advice, having already found ſo much benefit from them.

WE have already ſeen, in another caſe, the great utility of theſe cat-gut bougies, in keeping open an inciſion made in the perinæum, to extract a ſtone that was fixed in the urethra, which could not have been effected by a canula, without great inconvenience and pain to the patient.

N.B. A great improvement has, in this reſpect, been lately been made by Mr. Collett, oppoſite Durham-yard, in the Strand, who has invented catheters and bougies of leather, which may be made to any degree of fineneſs, and have all the good properties of cat-gut bougies, at the ſame time they diſtend the part more equally and afford a greater degree of reſiſtance.

Violent Pains in the Head.

A LADY, about forty-five years of age, has complained, for ſeveral years, of an almoſt continual pain in her head; which frequently encreaſes to ſo violent a degree, as to deprive her of her reſt, cauſe a fever, and even prevent the regular return of her menſes. She does not recollect to have ever received any blow on her head, yet, on examining a particular part, which ſhe points out to you, you perceive a ſlight œdematous ſwelling, on preſſing which with your finger, the pain becomes more violent. What is the cauſe of this diſorder; and how is it to be remedied?

ANSWER.

IT is not impoſſible that the ceſſation of the menſes may have occaſioned this diſorder; but it is certain that there is a local defect in this part, ſince it is œdematous; whence I conclude, that the aponeurotic expanſion is certainly diſordered, and perhaps the pericranium itſelf, in this place.

THE only way to remove this complaint, is to make a crucial inciſion on the œdematous ſwelling, and lay bare the bone, as for the operation of the trepan. I have frequently known, in caſes of this kind, the pains entirely ceaſe as ſoon as the wound was in a ſtate of ſuppuration. The bone exfoliates afterwards, either ſenſibly or inſenſibly.

THIS diſorder might, in time, become very conſiderable; for the fluid which is filtrated under the pericranium, or rather the aponeurotic covering of the cranium might vitiate theſe parts ſufficiently to occaſion a putrefaction there; and in this caſe the ſkull would certainly become carious.

I HAVE frequently known theſe local pains occaſioned by a caries of the ſkull; and in this caſe there is probably a virus of ſome kind or other, which has occaſioned this caries. If we can determine the nature and kind of it, we ſhould uſe our utmoſt endeavours to correct it independantly of the local diſorder, otherwiſe it will encreaſe more and more. If, after having made the inciſion, as recommended above, we find the ſkull carious, and that the caries has penetrated entirely through its ſurface, we ſhould try to procure an exfoliation of the carious parts by the rules of art; and perhaps it may be even neceſſary to perform the operation of the trepan. The ſize and depth of the caries will determine the neceſſity of attempting this or not.

Violent Pains in making Water.

A MIDDLE-AGED man was attacked, about four years ago, with an inability to make water, tho' he had the greateſt inclination for it. He took ſome diuretic medicines; and, at the end of three days, the urine, ſeconded by his endeavours, diſcharged itſelf with great violence. He inſiſts upon it that he has frequently voided gravel, yet he voided none at this time, nor has he ſince voided any. About a month after, he felt, between the teſticles and anus, towards the neck of the bladder, a violent pain, which hindered his walking, and he made bloody water. The pain, by degrees, became more violent, and at length was almoſt inſupportable, in ſpite of all remedies; ſuch as warm-bathing, bleeding, diuretics, oily emulſions, &c. He continued to make water, with great ſtraining, either lying or ſtanding; and his penis became diſtended and very hard. His urine, at firſt, was thick, whitiſh, and left a white ſediment at the bottom of the chamber-pot; and, after ſome time, it was very ropy and full of a ſlimy matter, and the patient could neither walk, nor be moved, without the utmoſt torture. What is your opinion of this diſorder?

ANSWER.

ALL theſe ſymptoms indicate a ſtone in the urethra, betwixt its bulb and the neck of the bladder. The patient has frequently voided gravel, and it is very likely that it was this gravel fixed in the neck of the bladder which occaſioned the firſt difficulty of making water. This gravel being diſengaged from its place of confinement, the urine muſt naturally iſſue forth with impetuoſity; but if it remained entangled in the membranous part of the urethra, ſome ſharp point of this gravel has cauſed an excoriation from whence the blood proceeds which is diſcharged with the urine. This gravel partly ſtopping the paſſage, is the occaſion of the patient's being obliged to redouble his ſtraining; and the erection and extenſion of the penis is owing to the irritation cauſed by its ſharp points. The continual irritation of the urinary canal communicating itſelf to the bladder, the urine muſt alſo be affected by it. Theſe accidents will encreaſe every day, becauſe what is at preſent gravel will in time become a ſtone, which becoming larger, will, perhaps, be elongated, and partly ſtop up the neck of the bladder:

beſides, it is impoſſible to tell whether there are not more gravel or ſtones in the bladder itſelf, ſince the patient has never voided any ſince the firſt attack of this diſorder.

When there is a ſtone in the cavity of the bladder, the urine is almoſt always ropy, as it is in the preſent caſe. The introduction of the ſound will determine the nature of the diſorder; and I queſtion whether it will not meet with a ſtone which will obſtruct its paſſage into the bladder.

The Sequel of the Disease.

I have ſearched the patient, and felt a ſtone at the neck of the bladder, which obſtructed the paſſage of the ſound into the bladder. The propriety of attempting an operation to extract it will admit of no doubt, ſince it is too large to be diſcharged through the urethra. What are the intentions to be particularly regarded in performing this operation?

ANSWER.

THE ſame operation muſt be performed which is preſcribed by Le Dran in his Treatiſe of Operations; and, after having extracted the ſtone, it is neceſſary to introduce the ſound, to examine whether there is not another ſtone remaining in the bladder; and, if there is, to extract it immediately; for it would be a terrible circumſtance to the patient to be obliged to undergo another operation.

There is great reaſon to fear that the wound will become fiſtulous, through the dilatation the ſtone has made in that part of the urethra where it was lodged;

and this cannot be imputed to the ſurgeon's fault. A remarkable inſtance of this kind is to be met with in Le Dran's Caſes of Surgery.

If the ſtone ſhould be elongated quite into the neck of the bladder, as I have ſeen in a ſimilar inſtance, the patient may be troubled with an incontinency of urine for a conſiderable time after the wound is cured; and it muſt depend on nature alone to contract the neck of the bladder, ſurgery being incapable of doing any ſervice here; and the wound may remain fiſtulous alſo, if nature does not cloſe it up itſelf. As it was by degrees only that the neck of the bladder ſuffered a dilatation, ſo it is by inſenſible degrees only that it can be contracted; and hence an incontinence of urine muſt remain for ſome time after the cure.

A Caries of the Os Femoris.

A MAN, about thirty years of age, to appearance in a good ſtate of health, as well as his wife, perceived, about two years ago, a flat ſwelling on the poſterior and inferior part of his thigh; which, from its firſt appearance, has frequently almoſt diſappeared. This tumour was rather large and long, but little elevated, very little painful, and did not in the leaſt diſcolour the ſkin; and ſeemed to include all the muſcles of the inferior and poſterior part of the thigh. The tumour appeared again three weeks ſince; and, by preſſing it with my finger, I felt a very ſenſible fluctuation of matter rather towards the internal than external ſide. The matter was formed without pain, ſo that the tumour does not come under the denomination of a phlegmon.

I MADE an inciſion, about four inches long, in the moſt prominent part of the tumour, and diſcharged a quantity of ſerous ſtinking matter. On introducing my finger into the cavity, I felt the poſterior part of the os femoris diveſted of its perioſteum, and carious; and the teguments of the internal part of the thigh thickened: but the aponeurotic expanſion of the faſcia lata, as well as ſome membranes, were quite ſound.

ON queſtioning the patient, with reſpect to his way of living, he aſſured me he never had any other ſymptoms of the venereal diſeaſe than ſome gonorrhœas, which were cured more than ten years ago. What is your opinion of this abſceſs?

ANSWER.

THE alternate appearance and diſappearance of the tumour, its indolence, and the few accidents which accompanied the formation of the matter, and the caries of the bone, give reaſon to imagine that it is owing to a venereal cauſe. Having already made a proper opening in the tumour, you muſt continue to dreſs it according to the rules of art; and the ſequel will confirm or invalidate the well-grounded ſuſpicion of its being venereal. Thus we muſt act, in this caſe, entirely as circumſtances may indicate.

THE SEQUEL OF THE DISEASE, AND SURGEON'S ANSWER.

AT the end of ſixteen days, from the opening of the tumour, there appeared an exoſtoſis on all the anterior part of the os femoris, which greatly encreaſed in a few days.

Having now no doubt of the cauſe of this diſeaſe, I treated the patient accordingly.

HAVING prepared the patient in the uſual manner, I adminiſtered the mercurial frictions. After the fourth friction, the exoſtoſis began to leſſen; and, by the tenth, entirely diſappeared: notwithſtanding which I continued the uſe of the frictions, though at greater intervals, for ſix weeks longer; being perſuaded, that it is more difficult to extirpate the venereal virus, when lodged in the texture of the bones, than in the ſoft parts. During this treatment, the caries of the os femoris exfoliated inſenſibly, and the wound healed in about ſeven weeks from the opening of the abſceſs.

REMARK.

WHAT a variety of diſorders owe their origin to a venereal cauſe, where there is not even the leaſt room for a ſuſpicion of that ſort! The tumour of the thigh was of this kind. The diſappearance of the exoſtoſis, and the inſenſible exfoliation of the carious bone, are ſufficient proofs thereof.

'TIS thus we frequently obſerve the venereal taint concealed in the conſtitution for ſeveral years. How many diſeaſes, which appear ſimple, fail being cured; owing to their being complicated with this virus, which hitherto has not manifeſted its preſence by any one of its characteriſtic ſymptoms!

A Fractured Rib, attended with an Emphyſema.

A YOUNG lady, about twenty-five years of age, rather inclining to be jolly, received a blow on her left ſide, from the kick of an horſe, on the middle of the ſixth true rib. The lady fainted; and, on recovering from her ſwoon, was attacked with a violent cough, attended with a great oppreſſion and ſpitting of clear blood. A ſurgeon immediately bled her; but a fever came on, and in two hours time an emphyſematous ſwelling extended itſelf from the clavicles quite to the groin. There was no other appearance on the part which received the blow, than a very ſmall black ſpot, and a very ſlight contuſion, without any external wound. What is the nature of this diſorder! What is the occaſion of the cough and ſpitting of blood? Whence proceeds the emphyſema? and what ſteps ought to be taken to remedy theſe accidents?

ANSWER.

THE black mark which indicates the contuſed part, being but of a ſmall compaſs, is a certain proof that the blow was given by the edge of the horſe's ſhoe; and that the rib is fractured.—If you attempt to bend an hoop in a contrary direction to its bent, as if you would ſtraighten it, it will break, but not ſmoothly, and generally leaves on the inſide a ſplinter, which ſtands upright.——It is frequently the ſame with the ribs, on account of their ſoftneſs and crooked ſhape. Thus a ſplinter has probably pierced the pleura, and wounded the external coat of the lungs. It is from this circumſtance alone that the oppreſſion,

preſſion, cough, ſpitting of blood, emphyſema and fever can be accounted for; becauſe an irritation and a cough muſt happen in proportion to the ſize of the wound of the lungs; for the blood which comes from the lacerated veſſels of this internal wound, cannot ſtay in the bronchia; but paſſing from bronchia to bronchia, till it comes into the laryna, muſt be thrown out by coughing. The greateſt part of air which is received in inſpiration is thrown out by expiration; but a ſmall part thereof making its exit through the wound of the lungs, paſſes through the wound of the pleura and intercoſtal muſcles; then loſing itſelf in the veſicles of the cellular membrane, cauſes an emphyſema, which continually encreaſes, and will encreaſe ſtill further, if its progreſs is not put a ſtop to.

THERE are three curative indications to fulfil. The firſt is, to ſtop the further progreſs of the emphyſema; being certain that it will diſperſe as ſoon as the paſſage of the air, which is furniſhed by the wound of the lungs and intercoſtal muſcles, is ſtopped up. The ſecond is, to raiſe, as much as poſſible, the middle of the fractured rib. The third is, to correct the other accidents.

THE fracture of the rib being the cauſe of the other accidents, it ſeems reaſonable, that we ſhould immediately endeavour to reduce it, by making according to rule, a compreſſion on both its extremities; but the emphyſema prevents our doing this; and, as it encreaſes, will ſtill hinder us more: therefore we muſt firſt begin by ſtopping up the paſſage of the air. To effect this, dip a large piece of linen in the white of an egg beat up with a little ſalt and water, and fold it into the ſhape of a ſquare compreſs, about three inches long and two inches thick; then ſqueeze it out, that it may the ſooner grow hard. Place this compreſs on the black ſpot which covers the fracture of the rib, and fix it there with three or four turns of a roller of the ſame breadth with the compreſs. There can be no danger of binding it too tight, becauſe the air, being forced by the compreſſion into the neighbouring veſicles of the cellular membrane, will ſoon render it looſe. It is eſſentially neceſſary, in applying this bandage, to be careful not to preſs on the breaſt. In about twenty-four hours, it will be proper to make ſeveral plaits behind and before in the bandage, according as the turns thereof ſhall become looſe by the diminution of the emphyſema; doing it in ſuch a manner that the compreſs may ſtill keep its firſt ſituation, and exert its preſſure on the ſame particular ſpot.

THERE can be no reaſon to apprehend the farther depreſſion of the fractured rib, becauſe the two next ribs will not permit it on account of the ſize of the compreſs above directed, which will bear on them when the emphyſema is diſperſed by the compreſſion. By obſerving theſe precautions, there is reaſon to think the emphyſema will be diſperſed in about twenty-four hours, as I have known it do ſeveral times in caſes of this kind.

WHEN it is entirely diſperſed, we muſt think about raiſing the fractured parts of the rib. This is not to be done by extenſion, as in fractures of the extremities. A compreſs, about two inches thick, and three inches in length and breadth, muſt be placed on each extremity of the fractured rib, and principally on the fore part (according to the direction of the ribs) which is to be kept on by ſeveral turns of a roller, which are to be ſewed together, to prevent its getting out of its place. Theſe two compreſſes preſſing on the ends of the fractured rib, muſt, by degrees, raiſe up the middle part which is fractured, in the ſame manner as the middle of the half of an hoop, ſunk in by being bent contrary to its natural direction, will be raiſed by bringing the two ends nearer each other, according to its natural bent.

To prevent the return of the emphyſema, before applying the roller, we ſhould place on the fracture a compreſs of the ſame ſize as at firſt directed, but not quite ſo thick.

Phlebotomy ſhould not be uſed ſparingly. The patient muſt obſerve a ſparing and ſtrict diet; and theſe two points, according to the increaſe or decreaſe of the ſymptoms, are all that it is neceſſary to preſcribe, to fulfil the third indication.

Nature alone will inſenſibly heal the wound in the lungs and intercoſtal muſcles, when the point of the fractured rib no longer cauſes an irritation there. The rib will be, at leaſt, a month in uniting; for its fracture, as well as thoſe of other ſpongy bones, will unite more readily than bones of a leſs ſpongy ſubſtance, and much ſooner than thoſe bones which are very hard.

After the expiration of a few days, the ſquare compreſs, which was placed on the fractured part, may be taken away.

The embrocations that are uſually applied to other contuſions, cannot be uſed in this caſe, on account of the bandage, which muſt not be removed; yet the contuſion will be equally diſperſed, though not in ſo ſhort a time.

THE above caſes are extracted from a new work of Mr. Le Dran's, lately publiſhed in France; which has never yet been tranſlated into the Engliſh language.

ON

Conſumptive Diſorders.

1. A SLOW chronic fever, which encreaſes after eating, with a quick, hard, and ſometimes ſmall pulſe, accompanied with a waſting away of the whole body; 'till, by degrees, it arrives at the greateſt poſſible degree of leanneſs, is called an Hectic Fever.

2. THE antient Greek writers on medicine make uſe of no ſuch word as an Hectic Fever; yet this diſeaſe was known by Hippocrates, and deſcribed by him (*a*) and others (*b*) under the name of a Chronic, obſcure, ſmall Fever; a Tabes, and Maraſmus. Celſus (*c*), after Hippocrates, has deſcribed this diſtemper more accurately under the ſame title; but Galen (*d*) has delineated it ſtill more accurately, being the firſt who called it an Hectic Fever (*e*); a name which has been ever ſince religiouſly preſerved by the profeſſors of the healing art.

3. PERSONS of a thin habit of body, whoſe muſcular fleſh is flaccid and very tender, of a tall ſtature, of a fair and roſy complexion, and who, in their childhood, have

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(*a*) Lib. de intern. affect. Fæſ. p. 536, et ubi agit de ſignis ſuppuratorum in progn. l. ii. p. 42.

(*b*) Aretæus morb. diut. l. i. c. 8 and 9. Aurel. morb. chron. l. iii. c. 7.

(*c*) Lib. iii. ch. 22.

(*d*) De Febre. l. i. c. 11.

(*e*) Ab εξις. habitus. quia in habitu corporis. i. e. in partibus ſolidis figitur. Galen de febribus, l. i. c. 12.

been ſubject to bleeding at the noſe, are moſt ſubject to this diſeaſe (*f*).

Persons are chiefly affected by this diſeaſe between their eighteenth and thirty-fifth year of age (*g*).

4. An heat always attends, accompanied with an hard, quick, trembling pulſe (*h*), which heat encreaſes always after eating; and the pulſe becomes harder, quicker, and more full. The whole face, the cheeks eſpecially, look red; and, together with the palms of the hands, have a troubleſome ſenſe of heat; but, as ſoon as digeſtion is performed, they return to their former ſtate. On touching the patient, you perceive a moderate heat; but if you continue the touch for a ſmall time together, it becomes more violent and more ſenſible. The ſkin is tenſe and dry; the body flaccid and weak, with a kind of languor; frequently a great appetite, coſtiveneſs, and the urine like that of perſons in health. The patient will ſcarcely own himſelf ſick. This is the firſt ſtage of an Hectic Fever.

5. As the diſeaſe advances, the ſkin becomes more tenſe and dry; the pulſe is hard and tenſe, yet much weaker; the urine is reddiſh, and affords a ſediment, and an oil ſwims on it like cobwebs; the ſleep is not refreſhing; the body waſtes, and frequently the ſymptoms of a phthiſis pulmonalis appear. In this ſtage, the diſeaſe, for the

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(*f*) Erat eo tempore in nobis ſumma gracilitas et infirmitas corporis, procerum et tenue collum; qui habitus, et quæ figura, non procul abeſſe putatur a vitæ periculo, ſi accedat labor, et laterum magna contentio. Cicero de clar. orator. in Bruto.

(*g*) Hippocrates Aphor. ix. l. 5.

(*h*) Galen de preſag. ex pulſibus, c. 4.

moſt part, puts on the appearance of an intermitting fever; eſpecially if it takes its riſe from the abſorption of purulent matter; beginning in the evening with a chillneſs and ſhaking, advancing with a ſenſe of heat and an encreaſe of the ſymptoms, and terminating at the dawn of day by viſcid and profuſe ſweats, which ſeem to free the ſick perſon from all his complaints; whence he entertains falſe hopes of his recovery.

6. In the ſecond ſtage, beſides the ſymptoms already enumerated, others are met with common to diſeaſed viſcera; as in the phthiſis pulmonalis; a dry cough in the beginning, hoarſeneſs, dull pain and ſenſe of weight in the thorax, ſhortneſs of breath, ſpitting of blood, and of a purulent, viſcid, fœtid matter, &c. If it ariſes from ſchirrous glands in the meſentery, it is marked by griping pains, ſwelling of the belly, coſtiveneſs, ſometimes a lientery or colliquative diarrhœa. If the diſorder is in the liver, it is known by the tumour of the hypochondria, yellow colour, &c.

7. The third and laſt ſtage (the maraſmus of the Greeks) is diſtinguiſhed by theſe marks; a caſt-down countenance, eyes hollow, and loaded with a dry filth; a projection of the neighbouring bones; the eye-lids can ſcarcely be kept open, and are frequently winking like a ſleepy perſon (*i*); the ſkin of the forehead dry, hard, and ſtretched; the temples collapſed, and very hollow; the carunculæ lachrymales, and lips, pale; the noſtrils pinched in, and ſharp at the point; the face yellowiſh, and has entirely loſt its colour; the hair falls off; the hypochondria

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(*i*) Galen, Lib. de Maraſmo, tom. vii. p. 439. Palpebræ ſacrificantium ſimiles, an non potius dormitantium. In eodem caſu hæc palpebrarum conniventia per verbum illud a Galeno exprimitur.

dria ſuffer frequent convulſive motions; and the body is ſo extenuated that the extremities of the bones may be perceived every where, and ſeem only to be covered with the ſkin, which is dry, like an hide; the pulſe is very hard, weak and quick; the animal functions languiſh; the nails grow crooked and black; a colliquative diarrhœa, diabetes, and profuſe night-ſweats, come on; iſſues and ulcers afford a diſcharge no longer, but dry up; an itching, and watery puſtules apear on the ſkin; a ſwelling of the feet at night, an univerſal coldneſs and weakneſs, proclaim death at hand, and the patient dies convulſed.

8. THE remote cauſes of an hectic fever are many and various. It is frequently brought on by the abuſe of the non-naturals; as, from inordinate paſſions of the mind: viz. continual grief, anger, watching, a ſedentary life, and too much bent on ſtudy; by drinking ſpirituous liquors; a moiſt air; or viſcid and glutinous food (*k*) whence the ſtomach and concoctive faculties are depraved; digeſtion is badly performed; and a crude chyle, improper for the nouriſhment of the body, is carried into the circulation, fouls the humours, and weakens the ſolids.

9. TOO great evacuations by ſtool, ſweat, or urine, may occaſion an hectic fever; hœmorrhages from the anus, noſe, or uterus, &c. too great a waſte of ſemen, whence the tabes dorſalis, the fluor albus, an evacuation of matter; or ichor, from iſſues, ulcers, &c. draſtic purges (*l*), which, by evacuating the nutritious juice and

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(*k*) Foreſt. Obſ. l. iv. Obſ. 2 et 3. Miſcel. cur. Acad. N. Dec. 2 An. 7. O. 120. Hoffman, Med. Rat. tom. ii. c. 13. Obſ. 1, 4, 7, 10. ibid. tom. iv. p. 4. O. 11, &c.

(*l*) Miſcel. cur. Dec. 2d, an. 1. O. 109. Hoffman, Med. Rat. tom. iv. p. 4. c. 11. O. 10. Morton Phthiſiolog. p. 31, 39, 41, 43, 55, 58, 401. Hippocrates de Morb. l. 2.

impoveriſhing the blood, leſſen the ſtrength and elaſticity of the ſolids, and render the fluids acrimonious and diſpoſed to produce obſtructions.

10. It may alſo ariſe from a ſuppreſſion of the natural evacuations; as, the menſes, hœmorrhoids, fluor albus, ſweat from the hands or feet, the ſtriking in of an itchy humour, the drying up of iſſues or old ulcers, or from preceding diſeaſes; viz. the ſmall-pox, meaſles, king's evil, rickets, &c. (*m*): for thus impure vitiated humours, deſigned for excretion, are retained in the conſtitution, render the blood acrimonious, and frequently bring on an hectic fever.

11. Matter abſorbed from fiſtulous ulcers, large wounds, or ſuppurated viſcera, endued with an acrimonious quality from being long ſtagnated, diſſolves the blood into a putrid maſs, and kindles a fever, which is called a purulent hectic fever (*n*).

12. Continual and intermitting fevers ſometimes produce this diſeaſe by debilitating the ſolids and impoveriſhing the blood (*o*).

13. Sometimes it ariſes from ſchirrous or ſcrophulous obſtructions of the meſentery (*p*); whence the lacteal veſ-

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(*m*) Miſcel. cur. dec. i. an. 6. O. 103 & 138; dec. ii. an. 6, O. 88. Morton Phthiſiolog, p. 221, 283, 287, 292. Hoffman Med. Rat. tom. iv. p. 4. c. 11. Obſ. 3.

(*n*) Paſſim apud obſervatores.

(*o*) Miſ. cur. dec. ii. an. 7. O. 114. Foreſt Obſ. l. iii. xxi. l. iv. O. 4 et 9. Morton, L. C. p. 305, 336. Hoffman Conſ. Cent. ii. et iii. O. 182, 183.

(*p*) Miſc. cur. dec. i. an. 8. O. 31. Ibid. dec. ii. an. 5. obſ 65. Act. Phyſ. Med. tom. vii. O. 87 Morton, L. C. p. 61, 68. Bontii. Med. Indor. c. 11. p. 74. Pringle Obſ. p. 61.

ſels are compreſſed, and the paſſage of the chyle into the blood hindered; from which proceeds the atrophy of children.

14. Since the hectic fever has ſo many different cauſes, it ſeems difficult to eſtabliſh any proximate cauſe. I ſhall therefore only endeavour to reduce it into ſome claſſes, that the nature of this diſtemper may be known as well as poſſible. Firſt, The moſt ſimple idea of an hectic ſeems to conſiſt in a leſs firm craſis of the ſolids, with an univerſal want of tone in the fibres, accompanied with a fever after eating, particularly viſcid food, which is encreaſed by bad digeſtion, or exerciſe. This ſtate may be properly called an hectic diſpoſition. Sometimes the inteſtinal canal is particularly affected.—The ſecond claſs proceeds from the depraved ſtate of the blood, inclining ſometimes to acrimony, ſometimes to a diſſolved ſtate, and with too great an irritability of the ſolids comprehends the notion of an hectic idiopathy.———The third claſs is ſymptomatical, and ariſes from an abſorption of purulent matter.

15. The laſt claſs is moſt frequently met with; ſo that many of the moderns are of opinion that the hectic fever is ſecondary, and always ariſes from ſome obſtruction or abſceſs of the viſcera. Indeed it appears, from many obſervations, that on opening hectic bodies, ſome of the viſcera have been found ſchirrous, or full of obſtructions (q): yet it can ſcarcely be allowed that the hectic

fever

(q) A youth, about twenty-five years of age, was attacked with an hectic fever, a purulent ſpitting, and remarkable ſwelling of the hypochondria, from an abſceſs on his ſhoulder; and, after ſome time, being reduced to almoſt nothing but ſkin and bone, was ſuffocated from a pulmonary hæmorrhage. I was preſent at the opening of this body. A long narrow paſſage was found leading from the abſceſs which opened into the thorax. The lobe of the lungs on this

ſide

fever is never a primary diſeaſe; for many careful enquirers have obſerved this diſeaſe produced by grief: beſides, it is very likely that an hectic, in its laſt ſtage, might vitiate the viſcera: and Bennet, who laboured under this diſeaſe himſelf, ſays, in his Theatr. Tabidorum, "An hectic fever, without any corruption of the lungs "or viſcera, coming on by ſlow degrees, frequently at"tacks the Engliſh; and, unleſs, at the very firſt, pro"per remedies are made uſe of, which ſeldom happens, "is mortal (*r*). Therefore we ſhould be careful not to "reckon the effects of this diſtemper amongſt its produc"ing cauſes."

THE REASON OF THE SYMPTOMS.

16. THE heat is encreaſed after eating, on account of a crude chyle, which entering the blood, irritates the heart and vaſcular ſyſtem into more frequent and ſtronger contractions than uſual; beſides, the heat of the body is encreaſed, and the pulſe becomes quicker, as often as the ſtomach (eſpecially when weak) is loaded with food.

AFTER digeſtion, the heat is leſs, becauſe the ſtomach is then diſcharged from its load, and the chyle, by repeated circulation, is become more homogenous with the blood.

ſide was ſcarcely the ſize of a man's fiſt, and its ſurface was wetted over with a great deal of matter. The lungs on the other ſide, were ſound, but of a blackiſh colour; the heart flaccid and very tender; the liver not ſchirrous, but of an harder conſiſtence and a prodigious ſize, weighing fourteen pounds; the ſpleen like that of perſons in health; the glands of the meſentery enlarged and ſchirrous, and the kidneys lax.

The ſame hiſtories are met with in Bonet Sepulch. Anat. l. 2d, 4. Act. Ph. Med. vol. iii. Append. p. 176. Ibid. vol. viii. O. 3; et vol. x. O. 59. Hildan. Obſ. Cent. i. obſ. 70.

(*r*) Page 93.

The quickneſs of the pulſe depends either on the encreaſed irritability of the heart and blood veſſels, or on the acrimony of the humours perpetually ſtimulating the heart. The ſmallneſs of the pulſe depends on the ſmall quantity of blood thrown into the aorta at once, for the foregoing reaſons. A tenſe pulſe is occaſioned by a ſpaſm of the coats of the artery; and a weak pulſe proceeds from the laxity of the ſolids. The cheeks and palms of the hands do not look red and feel hot (for, in perſons in health, they have a greater degree of heat than the reſt of the body) from the free paſſage of the blood through the lungs being hindered by the viſcidity of the chyle, as is the opinion of ſome authors; for, in peripneumonic caſes, in which this certainly happens, the countenance is of a crimſon or livid colour, not of a lively red, as in a hectic fever; but the reaſon of this ſymptom is rather to be ſought for from the plenty and ſuperficial ſituation of the veſſels in theſe parts (s); and further from the encreaſe of the vibratory motion of theſe veſſels, occaſioned by the acrimony of the fluids paſſing through them.

The body grows weak and feeble; becauſe the chyle, which is extracted from the food, through the weakneſs of the concocting powers, is unfit to reſtore the waſte made in the conſtitution; the fat, which is of a lax and ſpongy texture, is firſt melted down, and paſſes off by the urine under the appearance of an oily pellicle. The eyes appear hollow, and the nails crooked from the conſumption of the fat. The fever grows worſe at night; becauſe, even in health, the velocity of the pulſe is encreaſed every evening; therefore, in feveriſh complaints, the ſymptoms are exaſperated always at night. A phthiſis pulmonalis frequently follows an hectic fever, ariſing from an ulcer,

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(s) Winſlow, Expoſition. Anatom. de Tegumen. No. 19.

&c. becauſe the matter abſorbed by the veins is carried in a ſtraight road to the heart, whence it firſt fixes on the lungs; where, through the narrowneſs of the paſſage, it meets with ſome impediment, and preſently vitiates the tender delicate texture of this viſcera. In the purulent hectic, the feveriſh paroxyſm is kindled, to drive out by ſweating, thoſe putrid particles which are obnoxious to nature. In every hectic the ſweats are principally excited at night by the warmth of the bed, which relaxes the ſkin and encreaſes the fever. The diarrhœa, diabetes and ſweats, are owing to the craſis of the fluids being in ſuch a diſſolved ſtate, and ſo acrimonious, that they cannot be retained in the body. The ſwelling of the feet ariſes from the laxity of the ſolids, the diſtance of the part from the heart, and the extravaſation of the ſerum in the cellular membrane; it is obſerved in the evening, from the erect poſition of the body during the day; and diſappears in the morning, from the reclining poſture of a perſon in bed. The ſpitting, and diſcharge of matter, leſſens from the decay of the vital powers, which cannot properly perform the uſual ſecretions.

PROGNOSTIC.

17. THE hectic fever is always dangerous; but that moſt dangerous of all which ariſes from an ulceration of any of the principal viſcera; but, if the diſeaſe is attacked in its beginning, and not ſuffered to obtain freſh vigour through delay, there are hopes of a recovery; but in the third ſtage, attended with a ſwelling of the feet, a colliquative diarrhœa, and an hippocratic countenance, there are no hopes of life.

METHOD OF CURE.

18. THE curative indications are: Firſt, To remove the primary cauſe of the diſeaſe. Secondly, To correct the acrimony of the humours. Thirdly, To moderate the dangerous ſymptoms; and, Fourthly, To reſtore the ſtrength of the patient.

19. If the diſeaſe ariſes from an univerſal relaxation, or weakneſs of the ſtomach and inteſtines; gentle vomits, to cleanſe the ſtomach; bitter cathartics, as rhubarb, tinct. ſacra.: corroborants, as, tinctura roſar. red port, cortex peruvian, elixir of vitriol, food eaſy of digeſtion, and exerciſe. If occaſioned by a ſuppreſſion of any evacuation, this evacuation muſt be procured by proper remedies.

If from an abſorption of purulent matter, acids and antiſeptics are of ſervice; ſuch as, tar-water, taken to the amount of a pint and an half every day; decoctions of vulnerary herbs; viz. colts-foot, ground-ivy, agrimony, cortex peruv. ſpirit of vitriol, an aceſcent diet; natural balſams, as, turpentines, Locatellus's balſam, &c. To promote a diſcharge of the matter, iſſues and ſetons are recommended by the beſt authors (*t*).

If from the drying up of old ulcers, iſſues are of uſe near that part from whence the diſcharge proceeded before. If from an obſtruction in the meſentery; decoctions of the aperient herbs, whey medicated with them, goats

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(*t*) Hippoc. de Morb. Mul. l. 2d. Celſus, l. iii. c. 22. Bennet. Theat. Tabid. p. 74.

whey, neutral ſalts, mercurial cathartics, ſaponaceous and chalybeate medicines, frictions, and ſaponaceous plaiſters applied to the abdomen, anſwer every intention.

20. Secondly, The acrimony of the humours is corrected by antiſeptics; an aceſcent and mucilaginous diet; viz. emulſions of oil of ſweet almonds, decoctions of marſhmallows, linſeeds, liquoriſh roots, gum arabic, iſinglaſs, ſago, ſnails boiled in milk (*u*), butter-milk, which is greatly recommended by Dr. Barnard (*x*) who aſſerts he has cured many hectic patients by the uſe of that only. Among other remedies, milk (which is proper in every kind of conſumption, anſwers this intention very well) is the beſt food as well as a medicine; being already elaborated by an animal concoction. Yet it is not in the leaſt proper for thoſe who are troubled with a pain in their head, labour under an acute fever, have a ſwelling of the præcordia, are very thirſty, have bilious ſtools, or a flux of blood (*y*). Aſſes milk is the moſt eligible, as having leſs of the curd, and being of a more detergent quality (*z*). A glaſs full is a ſufficient doſe at firſt; but the quantity ſhould be increaſed a little every day, till the doſe is aſcertained which the ſtomach will conveniently bear. If the milk curdles in the ſtomach, mix with each doſe the white of an egg, ſome conſerve of roſes, abſorbent powders, or dip a red-hot iron in it (*a*); which is often of ſervice to ſtop a diarrhœa; eſpecially if red roſe leaves, pomegranate ſhells, tormentill roots, or other reſtringents are boiled in it.

(*u*) River. Obſ. Cen. iv. p. 92.

(*x*) Append. ad Pſychiolufiam.

(*y*) Hippocr. Aph. l. v. c. 64.

(*z*) Hoffman. Diſſert. de Lacte Aſſinino.

(*a*) Galen. de Simp. Med. l. 10.

The moſt grievous ſymptoms are the night-ſweats and other colliquative evacuations, which only admit of a palliation; for if you ſtop one evacuation, another immediately breaks out. If the diarrhœa is violent, rhubarb, ipecacoanha, the chalybeate milk prepared as above preſcribed, the teſtaceous powders, an incraſſating diet, claret with cinnamon, red roſe-leaves, &c. boiled in it, muſt be had recourſe to; and, if it does not give way to theſe remedies, opiates muſt be adminiſtered; by the uſe of which, if the breaſt is oppreſſed, or the expectoration leſſened, they muſt be mixed with clyſters. The ſweats generally relieve the cough, watching, &c. and therefore, while moderate, ſhould not be ſtopped; leſt an incurable diarrhœa, or ſome worſe ſymptom, ſhould enſue. They ſhould, therefore, be moderated, by ſleeping in a large airy bed on an hard matraſs with a ſlight covering; and care ſhould be taken to dry the ſheets as often as they are wetted by the ſweat. The ſweat may be ſtopped by the uſe of the cortex peruvian. elixir of vitriol, al. calcis, tinct. antiphthis, &c. which medicines are alſo proper to remove the diabetes.

In a purulent hectic, there is not a more grievous ſymptom than the feveriſh heat; for the more the circulation is quickened, the ſooner and more plentifully is matter formed; which added to the former, encreaſes the fever ſtill more; whence a freſh fomes being every day adminiſtered, the diſeaſe degenerates into an acute fever, which ſoon kills the patient. Beſides, through the fever, the purulent matter is made thinner, and more acrimonious, and is ſooner abſorbed; while, at the ſame time, the humours undergo an entire diſſolution, and are excreted from the body in an exceſſive quantity.

The curative indications here appear clearly to be to reſtrain the velocity of the blood; which is beſt done by ſmall and repeated veneſection; for this, if performed by a prudent perſon, and before the body is much emaciated, eſpecially in a young plethoric habit of body, or in a perſon much accuſtomed to the loſs of blood, is attended with the moſt happy effect (*b*). The loſs of blood, which might be objected, cannot do the leaſt harm; ſince, at this time, the blood is of a bad quality, and the loſs is ſoon made up by a nouriſhing, juicy, and aceſcent diet.

THE propriety of this method, firſt made public by Dr. Dover, (but, if I am not under a miſtake, firſt obſcurely hinted at by (*c*) Hippocrates) is confirmed by the unanimous teſtimony of the principal medical writers (*d*). Saline draughts, neutral ſalts, acids, tar-water, buttermilk, and a refrigerating diet, anſwer alſo this intention. To remove the paroxyſms of this diſeaſe, the peruvian bark is prodigiouſly cried up by Dr. Morton (*e*); who, in his works, has given many inſtances of its ſucceſs; and it is, without doubt, of great ſervice when prudently adminiſtered.

22. THE laſt indication is, to reſtore the ſick perſon to his former ſtrength. This is to be done with food of eaſy digeſtion, and which affords a great deal of nouriſhment: ſuch as, chickens, veal broths, jellies, rice, ſago, &c. given frequently in ſmall quantities at a time; alſo oyſters and craw-fiſh are very much recommended by ſome phyſicians. Corroborants and bitters anſwer the ſame in-

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(*b*) Vide Medic. Eſſays, v. iv. obſ. 28.

(*c*) Epidem. l. vi. hiſt 6. viri in oeniade tabeſcentis. V. S. in utraque manu donec fere exſanguis eſſet, ſanati.

(*d*) Morton. Phthiſiologia. p. 82. Mead's Precepts, p. 51. Pringle's Obſ. p. 161.

(*e*) L. C. p. 197.

tention, eſpecially chalybeate waters when mixed with milk (*f*).

23. RIDING on horſeback is an excellent remedy, and proper in almoſt all conſumptive caſes; and perhaps preferable to all others, if made uſe of every day, and continued as long as the patient's ſtrength permits, and for ſome time after the diſeaſe is removed (*g*); but if exceſſive weakneſs prevents riding, the exerciſe of a chariot or chair muſt be had recourſe to. While uſing exerciſe, care muſt be taken to keep the patient warmly cloathed; and it muſt be obſerved, that riding is only of ſervice when the quickneſs of the pulſe is leſſened thereby; and that it is neceſſary to deſiſt as ſoon as the patient ſeems weary or faint. Change of air is alſo ſerviceable, as are ſea-voyages to a warmer climate, eſpecially to a ſerene dry air, and a low gravelly ſoil, in an open ſituation (*h*): and the ſick perſon muſt abſtain from venery, buſineſs, and avoid all paſſions of the mind which might occaſion him any uneaſineſs; for an indulgence of them will be attended with the moſt fatal conſequences.

(*f*) Vide Hoffman. Diſſert de Connub Aq. Min. cum Lacte.

(*g*) Sydenham. Epiſt. Reſpond. et Fuller. Med. Gymnaſt.

(*h*) Tabe laborantes ad ſtabias miſit Galenus, qui locus e regione meridei fuit; et aere ſicco preditus. Vide Deſcript. in Method. Med. l. 5.

A PATHOLOGICAL OBSERVATION,

BY

DOCTOR HALLER.

A PERSON was attacked with a peripneumony; which, though gentle at its firſt appearance, grew gradually worſe; and, at length, put an end to his life, notwithſtanding the uſual means for his relief were made uſe of. His pulſe, during the illneſs, was ſoft, low and quick. Upon opening the body, the viſcera were obſerved to be perfectly ſound. It will be readily imagined that the cauſe of the diſeaſe was to be looked for in the lungs; and, upon examining them, though there was neither inflammation nor ulcer to be obſerved, yet there was ſuch an univerſal effuſion of blood, that a great part of this viſcus was become quite black; and, though the lungs naturally ſwim when put into water, theſe, on the contrary, ſunk.

THIS ſhews, that the ſtagnating blood, before prevented from returning to the left ventricle of the heart, had, in the peripneumony, gradually puſhed its way forcibly through the exhaling veſſels into the cellular ſubſtance; and, by this means, compreſſed the veſſels of the lungs; thereby encreaſing the reſiſtance which the blood naturally meets with in thoſe veſſels, till, at laſt, the whole lungs were ſo much obſtructed as to prevent a quantity of blood, ſufficient to ſupport life, to paſs to the left ventricle.

HENCE it appears, it is not in the veſſels only, that the blood of perſons, in a peripneumony, is congeſted, as phyſicians have frequently advanced (Vide Van Swieten's Commentary on Boerhaave's Aphoriſms, Number 826); but there is a true error loci: ſo that the blood exhales into the veſicles of the lungs, inſtead of that ſubtle vapour with which they are naturally moiſtened; and, therefore, phyſicians ſhould, in treating the pleuriſy, ſuſpect the cauſe of that diſeaſe to be rather an inflammation of the lungs, than of the pleura; and have immediate recourſe to the moſt powerful remedies; an inflammation of the pleura alone, very rarely proving mortal.

REMARKS ON INJECTIONS,

AND THE

ART OF MAKING ANATOMICAL PREPARATIONS.

Dr. Nicholls's Coarſe Injection.

℞ RESIN flav. ℔ij.
Ceræ flav. ℔j.
Turpentine varniſh as much as is ſufficient. M.

Fine.

HARD, white, and brown ſpirit varniſh, ana p. æ.
Turpentine varniſh, and vermillion, ana q. ſ. M.

Monroe's Coarſe.

℞ CERÆ flav. ℥ xvj.
Sevi ovilli ℥ viij.

Fine.

Ol. terebinth and vermillion; or,
Melted hog's lard mixed with vermillion; and
A ſmall proportion of ſpirit of turpentine.

Doctor Hunter's Coarſe.

℞ RESIN flav. ℥ viij.
Ceræ fl. ℥ iv.
Sevi Ovilli ʒiij. M.

Fine.

Fine.

℞ TURPENTINE varniſh, ℥i.
Ol. terebinth. ℥iſs. M.
Vermillion, q. ſ.

Another Fine.

GLUE or iſinglaſs diſſolved in water to the conſiſtence of a firm jelly.

VARNISHES.

Turpentine Varniſh.

℞ OL. terebinth. ℔j.
Reſin. flav. ℥iv.

Hard brown Spirit Varniſh.

℞ G. JUNIPER, ℔ij. ſs.
Shell-lack, ℔ſs.
Sp. vin. rect. cong. iij. M.

Hard white Spirit varniſh.

℞ G. JUNIPER, ℔vij. ſs.
Sp. vin. rect. cong. iij. M.

Shining Varniſh.

℞ RESIN flav. colophon. ana ℔iij.
Sp. vin. rect. cong. ij. M.

Colours

Colours for Injections.

FOR a red, — — — vermillion
green, — — verdigreaſe, or
— — — blue verditer.
white — — flake white, or
— — — white wax.
yellow, — — king's yellow.

To know when the injection is of a proper conſiſtence; while it boils, a few drops let fall in cold water will ſoon inform you.

EXPERIENCE can only teach you when it is too brittle, ſo as eaſily to break; or when too ſoft, ſo as to ſweat through the veſſels. If it is too ſoft, the addition of a little rezin is neceſſary: if too hard, turpentine varniſh will ſoften it.

WATERY injections made with gums are fit for preparations intended to be dried, and then put into ſpirits of turpentine.

EVERY injection, but that made from inſinglaſs, may be uſed for preparations to be kept in ſpirits of wine.

No colour does ſo well as vermillion for the fine injection; and the finer the injection, the more colour is required.

THE liver, kidneys, and ſuch preparations as are to be macerated, ſhould be injected with the coarſe injection without any mixture of ſuet or tallow.

Spirit of ſalt diluted with water, is the beſt medium for macerating injected preparations; and a ſtone pan is the moſt proper for this uſe, which muſt be covered with oiled paper.

The earthy parts of the preparation are beſt waſhed away, by pouring water on them from the ſpout of a tea-kettle.

In preparations of the bones to be kept in ſpirits of turpentine, remember to diveſt them of their perioſteum, and infuſe them in a liquor compoſed of one ounce of ſpirits of ſea ſalt, and one pint of clear water; then dry them, and put them into ſpirits of turpentine.

The beſt way to fix the pipes in the veſſels, is to ſlit or cut a piece out of the ſide of the veſſel.

The ſpirit moſt proper to preſerve anatomical preparations, is a degree between rectified and common ſpirits: a little ſpirit of ſalt, or nitre, may be added. Spirit of nitre is beſt; but muſt not be put to wet preparations of bones, or fœtal ſkeletons.

The beſt way to inject a fœtus is by the umbilical chord.

A child may be injected by the carotid, iliac, or brachial arteries; but beſt by the aorta aſcendens from the left ventricle.

When the arteries on the cornea are filled, the injection has run well; and puſhing then would burſt ſome of the veſſels.

Before injecting any part, let it lie three or four days to ſoak in water to get out what blood you can.

Before you inject a child, put it into hot water ſome time: and, as ſoon as injected, immediately into cold, to hinder the colour ſeparating, and to prevent the child becoming putrid, by cooling by degrees.

An heart and penis make very neat dry preparations.

A large preparation, while it is drying, ſhould be daily waſhed with ol. terebinth. to kill the vermin; and kept open to the air, hid from the ſun, and free from ſmoke or duſt.

When a preparation is quite dry, then uſe the ſhining varniſh, which compleats your trouble; and if the injection has run ſucceſsfully, and the diſſection a good one, amply compenſates your coſt.

EXPERIMENTS

Made to determine the Nature of

The Liquor AMNII in the Human Species.

ON breaking the membranes which are protruded by the head of the fœtus in the time of labour, a liquor flows out of a whitiſh colour, turbid like whey; a cheeſy whitiſh matter ſwims on its ſurface, not in the leaſt viſcid, having neither ſmell nor taſte, and altogether innocent.

II. POURED into water it falls to the bottom, but is eaſily mixed therewith.

III. THE thinner part paſſes thro' a ſtrainer, and leaves behind the cheeſy part; and evaporated with ſome portion of water, puts on the appearance of the cheeſy part, and is with difficulty mixed again with water.

III. EXPOSED to the two hundred and twelfth degree of heat, it does not coagulate, but throws up a white froth: a white matter remains, very ſalt, which produces an efferveſcence with acids.

IV. BY pouring a vitriolic acid on it, the cheeſy matter entirely diſſolves, and the whole changes into a brown liquor.

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V. By the mixture of a nitrous and muriatic acid, no change is produced, except it rather looks whiter.

VI. It undergoes no change from a mild fixed alkali, but is rendered thinner by a cauſtic alkali.

VII. It does not coagulate by pouring ſpirits of wine on it; it only rather ſeems to have a whiter colour.

VIII. Digested with filings of copper, it is not in the leaſt tinged with a blue colour.

IX. Distilled in a retort, a water ſomewhat fœtid paſſes into the receiver in great plenty; afterwards, the animal principles: the earth, and fixed ſalt, remain.

X. When expoſed to the air, it afforded, in a few days, ſigns of putridity.

From theſe experiments may be collected, that the liquor amnii is an excrementitious fluid, poſſeſſed of none of the properties of lymph; and therefore unfit for the nouriſhment of the fœtus. Secondly, That it does not become acrimonious in the laſt months of pregnancy, as ſome ſuppoſe. Thirdly, That it is entirely an animal mucus, approaching very near the nature of the ſaliva. Hence appears the reaſon why the liquor amnii is ſo like the humours found in the ſtomach and inteſtines of fœtuſſes.

A re-

A remarkable Inſtance of the Efficacy of the EXTRACT of HEMLOCK, prepared according to the Directions of Dr. STORCK, in a confirmed CANCER, by LUDOVICK ROUPPE, M. D.

DURING the ſtay I made at Malta, in my laſt voyage there, I was deſired by a prince of the holy Roman empire, to viſit a knight of Malta, afflicted with a cancer, who was given over as incurable by the phyſicians of the Iſland; whoſe caſe was deſcribed to me by the learned Dr. Cren, phyſician of the Malteſe galleys, as follows: "About a year before, the glands of the right "ſide of the neck, near the angle of the lower jaw, by de- "grees, increaſed in ſize, and became harder than natural, "yet without any remarkable ſenſe of pain; that to ſoften "and diſſolve theſe glands, various remedies, both in- "ternal and external, had been tried in vain; that, by "the advice of a certain phyſician, who was of opinion "this diſorder was owing to the venereal diſeaſe, the pa- "tient had undergone a courſe of mercurial unctions, as "uſual in that diſtemper, by which a ſalivation had been "raiſed, which was attended with great pain, and a con- "ſiderable increaſe of the tumour; that, after the ſaliva- "tion was over, perhaps by the uſe of cataplaſms and "plaiſters, a ſoft tubercle, of a livid colour, appeared in "the tumour, which a ſurgeon opened with his lancet, "to give vent for the matter which he ſuppoſed it con- "tained, but nothing iſſued therefrom, except blood; "that then the tumour was attempted to be deſtroyed by "a cauſtic application, but without any amendment of "the diſorder; that this ulcer, as well before as after the "application of the cauſtic, continued to ooze a thin "ichor, which corroded the neighbouring parts, and at "length, in ſpite of all endeavours, turned to a fœtid "cancer; that the patient, beſides this open and manifeſt "cancer, had, at preſent, various ocult cancers in different parts of the body; that, among other remedies, "the Extract of Hemlock, which a ſurgeon had brought "with him from France, was adminiſtered for ten or "twelve days, from the uſe of which, on account of the "frequent fainting fits, ſlow fever, and diarrhœa, under "which the patient laboured, and which continued at "preſent, he was obliged to deſiſt; that for the two laſt "months, they had endeavoured to render the diſeaſe ſupportable to the patient, by comfortable clyſters, opiates, "and keeping the wound as neat and clean as poſſible." Beſides, the noble prince who ſent for me, acquainted me, that, to his knowledge, ſome of the patient's relations had died of the ſame diſorder; and, that its primary cauſe ſeemed to ariſe from an hereditary diſpoſition of the patient,

On viſiting the patient, whom I found very weak, and extenuated, about thirty years of age, tall, and of a ſanguinous phlegmatic temperament, I aſked him ſome queſtions on the cauſe of his diſorder, but he related nothing more than what has been already taken notice of; and aſſured me, he never had any ſymptoms of the venereal diſeaſe. The ſurgeon who attended him, removed the dreſſings; which, although applied thick, were wetted through with a moſt fœtid ichor, that turned the bandage black: on removing them, a dreadful cancer appeared, with indurated, tumid, and retorted lips, which occupied the whole cheek, and ſuperior lateral part of the neck;

in the middle, and ſuperior part of the ulcer, the parotid gland appeared ſurprizingly tumified, tuberculous, and indurated, of a livid colour, and covered almoſt the whole cheek; and, at the ſame time, the greateſt part of the upper lip, which was drawn down to the inferior margin of the lower jaw, was very hard, full of tubercles, and about the thickneſs of two finger's breadth, livid, and in ſome places, quite black; the circumjacent ſkin was every where beſet with ſmall livid tubercles; in the middle and inferior part of the ulcer, the maxillary gland appeared very much indurated, tuberculous, livid, and of the ſize of a pullet's egg; about it were various fungous excreſcences, ſome of which were red, others of a livid or black colour; beſides, almoſt half of the ſterno-maiſtoid muſcle was laid bare, the anterior fibres of which were deſtroyed; I traced, with my finger, this muſcle, as far as the mamillary proceſs, where it was covered by the filaments of the circumjacent parts, and pieces of the corrupted cellular membrane; in ſhort, the back part of the parotid gland, as well as the parts which form the anterior and inferior ſpace of the meatus auditorius, as far as the cartilage, as well as almoſt the whole lobe of the external ear, were eat away; the inferior lips of the ulcer, below the lower jaw, and behind the ear, though tumified, were not indurated, but, on the contrary, very flaccid; near the ulcer they were livid, very painful, and the ulcer afforded an intolerable ſmell; the mouth was drawn towards the left ſide, and the jaw almoſt immovable. Having examined the ulcer, I examined the patient farther, and found ſeveral cancerous tumours; the moſt conſiderable were under the arm-pits, and in the abdomen, ſome of which were hard, livid, and larger than an hen's egg; thoſe which were leſs, were of a purple colour; the leaſt of all red, and of an even ſurface; the patient's countenance was pale, and puffed up, his legs œdematous, had a troubleſome cough, ſlow fever, night ſweats, a looſeneſs attended with gripes, could get no reſt without opiates, and had entirely loſt his appetite.

Being deſired to give my opinion of this deſperate caſe, I did not heſitate to declare that the diſorder was a cancer, the moſt dreadful of diſtempers; which, not only from the large ulcer ſituated very near the carotid artery, and, perhaps, a caries of the bones, but alſo from the fœtid matter which was abſorbed by the veins, and, as appeared from the ſymptoms, infected the whole maſs of humours, and diſſolved them into a putrid colluvies, could hardly be hoped to be corrected by antiſeptic medicines, and was, therefore, incurable. But I could not be certain whether the diſorder aroſe from an hereditary diſpoſition of the patient, the venereal diſeaſe, ſome other cauſe, or to the improper treatment of the tumour at firſt, as ſome phyſicians were of opinion; nor did I think it would be of the leaſt uſe to the patient, if the cauſe of the diſorder was diſcovered; for he was ſo far gone, that the only aſſiſtance, if we could ſtill hope to afford any, muſt be confined to antiſceptics; by which the preſent putridity might be corrected, and its farther progreſs prevented. Hence, I recommended the adminiſtration of antiſceptic medicines, both internal and external, eſpecially the Peruvian bark, and the extract of Hemlock, which is ſo ſtrongly recommended by Dr. Storck. But my opinion was agreeable to neither the phyſician or ſurgeon, who thought it was better for the patient to wait his approaching diſſolution, by uſing lenient dreſſings, clyſters, and opiates, than to follow my doubtful preſcription; but the patient and his friends thought it better to try an uncertain remedy than none; and, therefore, deſired me to attend the patient; and, about the end of December, 1762, I undertook the care of this diſorder, the learned Dr. Cren, not only every day honoured me with his preſence, but undertook to procure every thing neceſſary.

I DIRECTED the patient ſhould take, every hour, a ſmall tea-cup full of an infuſion prepared in a cloſe veſſel, from an ounce of Peruvian bark, and ten ounces of Rheniſh wine: and barley water mixed with red wine, honey of roſes, and tincture of myrrh, to be injected into the ulcer, to cleanſe it. It was then dreſſed with pledgets of lint, dipped in balſam of copaiva; clyſters were injected, as uſual, and his doſe of opium was encreaſed in the evening; in this manner the ulcer was treated twice a day, during a week, but the ſymptoms and ulcer grew worſe. In the mean while, a parcel of Hemlock was brought, but as yet ſmall and very young, almoſt watery, and without ſcent, from the expreſſed juice whereof, the apothecary prepared an extract, two grains of which the patient took night and morning, drinking, after each doſe, two ounces of the infuſion of bark prepared with the addition of half an ounce more bark. I injected a decoction of chamomile flowers, and Peruvian bark, mixed with honey of roſes, and tincture of myrrh, into the ulcer, and applied a plaiſter of diapompholygos to the adjacent parts, to defend it, in ſome meaſure, from the corroſive diſcharge; and covered the ulcer with pledgits dipped in the following epithem: ℞ Ung. ægyptiac, ℥j. mell. roſar. ℥iij. tinct. myrrh, ʒij. M. from which the ſtench ſeemed, in ſome meaſure, corrected, and the quantity of the diſcharge leſſened, but the pain was much augmented; wherefore I left off uſing the epithem, and applied pledgits to the ulcer, ſpread with ointment of diapompholygos; by which means the pains abated, and the ulcer diſcharged more plentifully; but the ſtools were copious, and the patient continued extremely bad; I encreaſed the doſe of the extract of Hemlock, and the bark; and changed the external applications for others, from which I expected more ſucceſs, but in vain, the diſorder ſtill continuing as violent as ever.

About the middle of January, another parcel of Hemlock was procured, which was of the height of two feet, and very fœtid: the patient took ſix grains of this extract three times a day; and, after injecting, I dreſſed the ulcer with pledgits dipped in the decoction of Hemlock; after ſix or ſeven days, for want of the decoction, on account of the ſcarcity of the herb in this iſland, I applied pledgits, ſpread with the following balſamic liniment: ℞ Terebinth venet. vitell. ovi unius exacte miſt. ʒij. mellis, ʒij. balſ. peruv. ʒj. tinct. myrrh, ʒſs. I went on in this manner for ſome days, without any conſiderable change of the diſorder, except the pains becoming more mild. About the end of January, I increaſed the doſe of the extract two grains, as well as the quantity of the bark; for five or ſix days the ulcer diſcharged a great quantity, the pains and ſtench leſſened, the ſtools were leſs frequent, the patient's appetite returned, and he reſted well without opiates. In the beginning of February, the quantity of ichor was vaſtly leſſened, and ſmelt but little, no pain, the appetite good, the ſtools almoſt natural, and mixed with a white purulent matter, and the patient ſlept well. In this ſtate matters remained for ſome time, except that the quantity of matter diſcharged with the excrement, increaſed every day; ſo that, about the middle of this month, with every ſtool, an ounce, at leaſt, of white concocted matter was diſcharged with the excrement;

ment; the patient felt no pain in the ulcer, or adjacent parts; the ichorous diſcharge was changed into laudable matter; the ſkin of the lips recovered its natural red colour, and the lividneſs intirely diſappeared; the upper lip, which before was ſchirrous and immovable, became ſoft, and capable of motion; the indurated and livid glands began to looſen and ſlough off; and when Dr. Cren and I examined the tumours on the abdomen, we were aſtoniſhed to find the ſmall ones almoſt wholly diſcuſſed, the large ones ſoft, and full of matter. In the mean while, I leſſened the quantity of the bark, and encreaſed the doſe of the Hemlock, which, at laſt, was brought to thirty grains in a day. At every dreſſing, hard ſubſtances came away; the glandulous ſwellings, which were very looſe, and the whole upper edge of the ulcer, I cut off; and thus, by degrees, intirely extirpated the parotid and ſubmaxillary glands.

About the middle of February, the ulcer appeared clean, of a florid colour, from every part of its ſurface diſcharged laudable matter; and its cavities began to fill up very faſt; the patient was in good health, eat well, ſlept well, had two or three ſtools a day, and always evacuated a white matter with his excrements; which we were of opinion proceeded from the ſuppuration of a ſcirrhus in the meſentery: his ſtrength was much increaſed; he got up in the day-time; and, at length, was able to walk about; and there ſeemed to remain no doubt of his perfect recovery; but after ſome days, the apothecary ſent word the extract of Hemlock was all uſed; that he had ſent every where about the iſland to procure the plant, but could get none, except what was very ſmall, young, and without ſmell, like the firſt. Dr. Cren wrote to the apothecaries in the neighbouring iſlands, to deſire they would procure us ſome of the extract, but they ſent none. For ſix or eight days we waited for the remedy, without any conſiderable change: in the mean while, I encreaſed the doſe of the bark, and wrote again, without ſucceſs. About the end of this month, the red colour of the ulcer changed into a pallid one; the matter, which was before thick and laudable, became very thin and ſanious; the inferior lips of the ulcer grew painful, began to inflame, and the perioſteum ſeparated from the bone of the lower jaw, near its angle; beſides, the diarrhœa and fever again attacked the patient, he entirely loſt his appetite, grew very weak, and could get no reſt without the uſe of opiates. At length, in the ſpace of a month, frequent fainting fits came on, and his ſtools became very frequent and copious, by which the patient was ſo weakened, that he fainted away through the leaſt motion. At length, about three or four days before his death, an apothecary, ſent from Sicily, brought the herb, and its extract, but too late; nor was any farther uſe made thereof.

I WAS of opinion this remarkable obſervation ought not to be paſſed over in ſilence, eſpecially as there are doubts of the good effects of this medicine; perhaps, upon a more accurate examination, the reaſon will be diſcovered why in ſome places and ſubjects, it produces an happy, in others an unſucceſsful effect; which, if brought to a certainty, would be of infinite conſequence to the practice of phyſic.

FINIS.

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